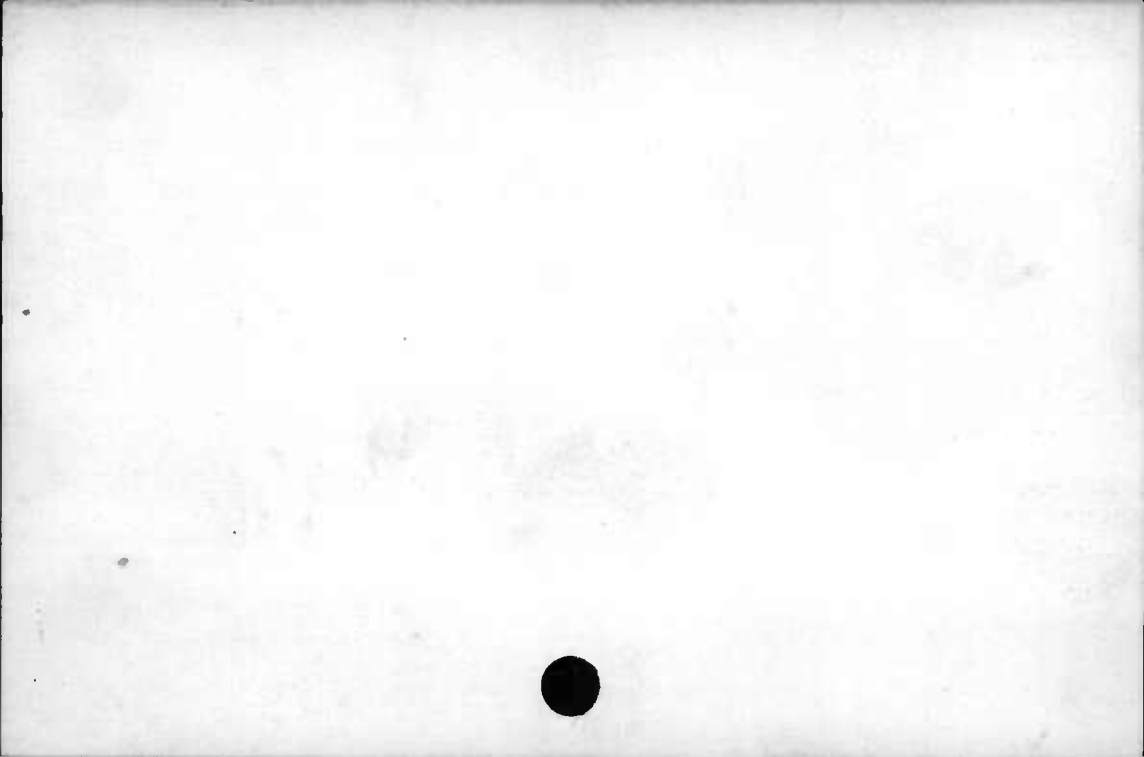
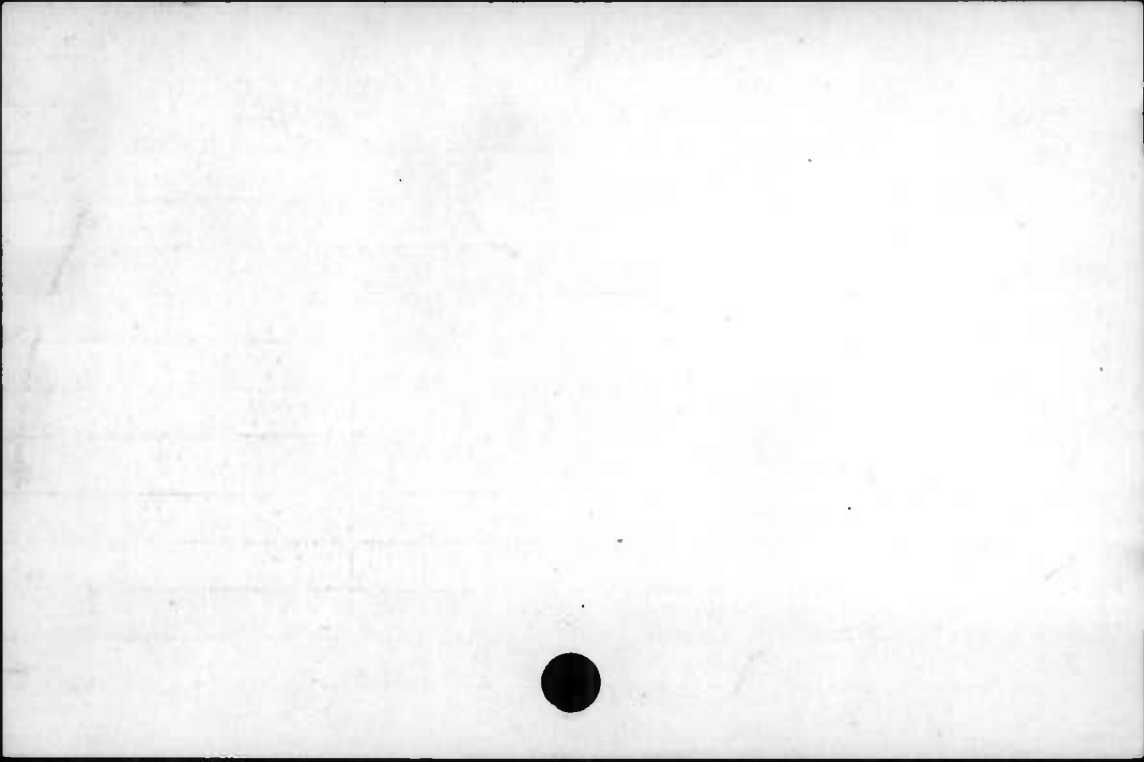


Name in Full		Infant Child of Lowson P Alexander						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Middletown		County Frederick		MARYLAND		
	Date of death		1906	Month May	Day 22	Age 1 hour	Months <del>Months</del>		Days <del>Days</del>
	Sex		Male		Color or Race		White		Birth-place
	Occupation				Where Residing if not at place of death				
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name		Lowson P Alexander				Father's Birthplace		Frederick Co Md
	Mother's Maiden Name		Sadie H Haupt				Mother's Birthplace		Frederick Co Md
Name of person giving information		Lowson P Alexander				How related to deceased		Father	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Premature birth				How long		15
	Immediate		Low birth				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Ed Bradley
	Address		Middletown						
Accident or Suicide?									



Name in Full		Certificate of Death			
William H. Andrew		Maryland			
Died at		Town		County	
Frederick		Frederick		Frederick	
Date of death		Month	Day	Years	Months
1906 May 18		74	9		
Sex		Color or Race		Birthplace	
Male		White		Horsebnd	
Occupation		Where Residing if not at place of death			
Labour					
Married, Single or Widowed		Name of Wife or Husband			
Married		Clarissa Cramer			
Father's Name		Father's Birthplace			
Jant Andrew		Dmitriand			
Mother's Name		Mother's Birthplace			
Sarah Shank		Horsebnd			
Name of person giving information		How related to deceased			
Mrs. Wm Andrew		His wife			
CAUSES OF DEATH					
Primary		How long			
Senile Gangrene		7 months			
Immediate		How long			
Valvular Involvement of Heart					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		W. H. Fable		Horsebnd	
				Md.	
Accident or Suicide?					



Name  
in  
Full

Benj. F. Boteler

## CERTIFICATE OF DEATH

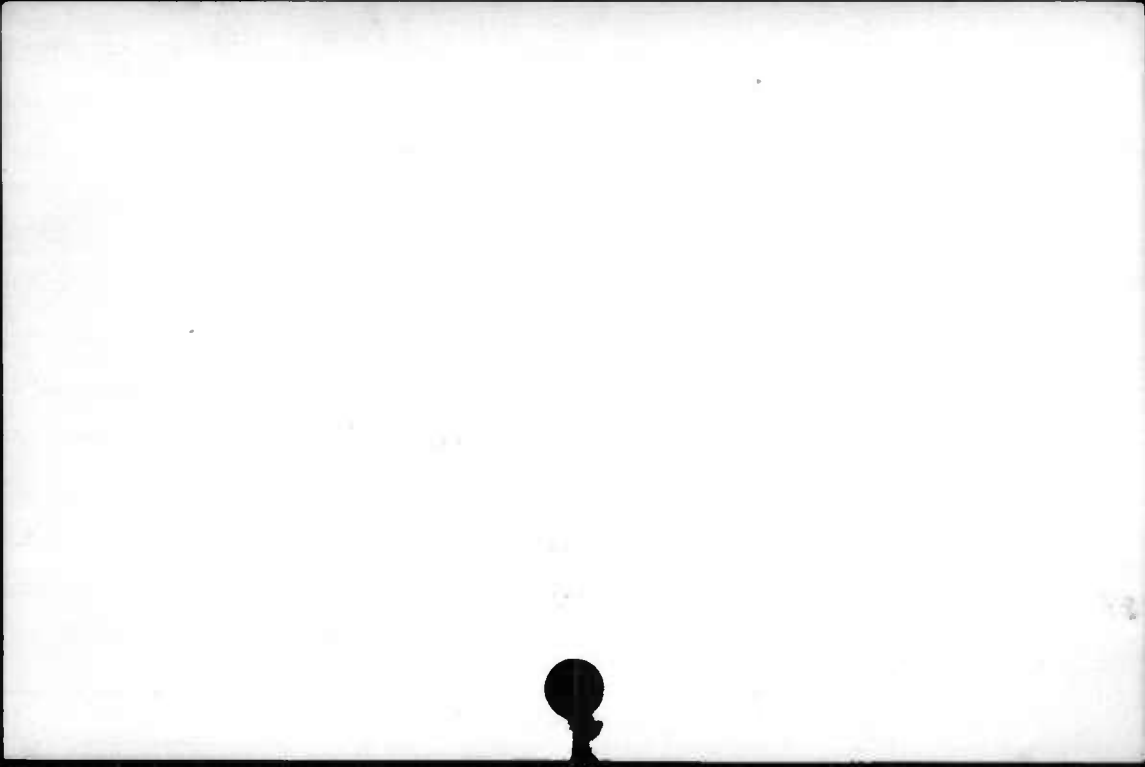
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
13		Buckey-town		Fred			
Date	Month	Day	Age	Years	Months	Days	
of death 1906	May	17	82		10	12	
Sex	male		Color or Race	White		Birth-place	
Married, Single or Widowed	Widower		Occupation	Butcher			
Name of Wife or Husband	Deceased						
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Mrs Michael					How related to deceased	Daughter

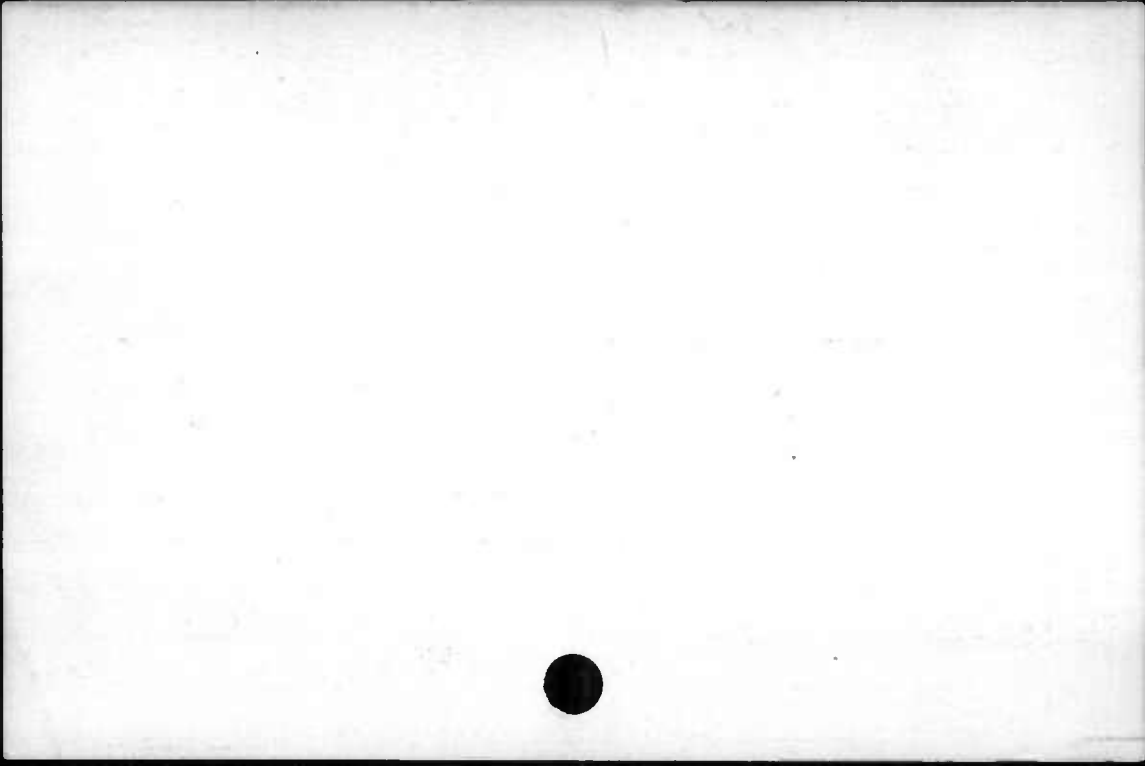
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old Age	How long	6 mos.
Immediate	Bauginum Port	How long	2 wks.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. Clyde Roulston
		Address	Buckey-town
Accident or Suicide?			



Name in Full <i>Alcie Brightner</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Walkersville</i> <sup>Town</sup>		<i>Fredersburg</i> <sup>County</sup>		MARYLAND
	Date of death <i>1906</i>	Month <i>May</i>	Day <i>3</i>	Age <i>41</i>	Months <i>9</i> Days <i>16</i>
	Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Co</i>	
	Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Co</i>		
	Married, <del>Single</del> <i>Widowed</i>	Name of Wife or Husband <i>Michael Brightner</i>			
	Father's Name <i>John Loms</i>			Father's Birthplace <i>Co</i>	
	Mother's Maiden Name <i>Elizabeth Ann Right</i>			Mother's Birthplace	
	Name of person giving information <i>D. A. Phannetts</i>			How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Consumption</i>		How long <i>27</i>		<i>27</i>
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. R. MILLER</i>		
			Address <i>FREDERICK, MD.</i>		
	Accident or Suicide?				





Name  
in  
Full

Broun

## CERTIFICATE OF DEATH

Died at <i>Frederick</i> Town			County <i>"</i>			MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Wh</i>		Birth-place <i>md</i>			
Occupation <i>x</i>			Where Residing if not at place of death <i>x</i>				
Married, Single or Widowed <i>x</i>			Name of Wife or Husband <i>x</i>				
Father's Name <i>Bernhard A. H. Broun</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Kate L. Davis</i>			Mother's Birthplace <i>md</i>				
Name of person giving information <i>B. A. H. Broun</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Still birth</i>	How long <i>9 mos</i>	
	Immediate <i>Unknown</i>	How long <i>—</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yr</i>	Signature of Physician <i>C. F. Goodhue</i>	
		Address <i>Frederick, md</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

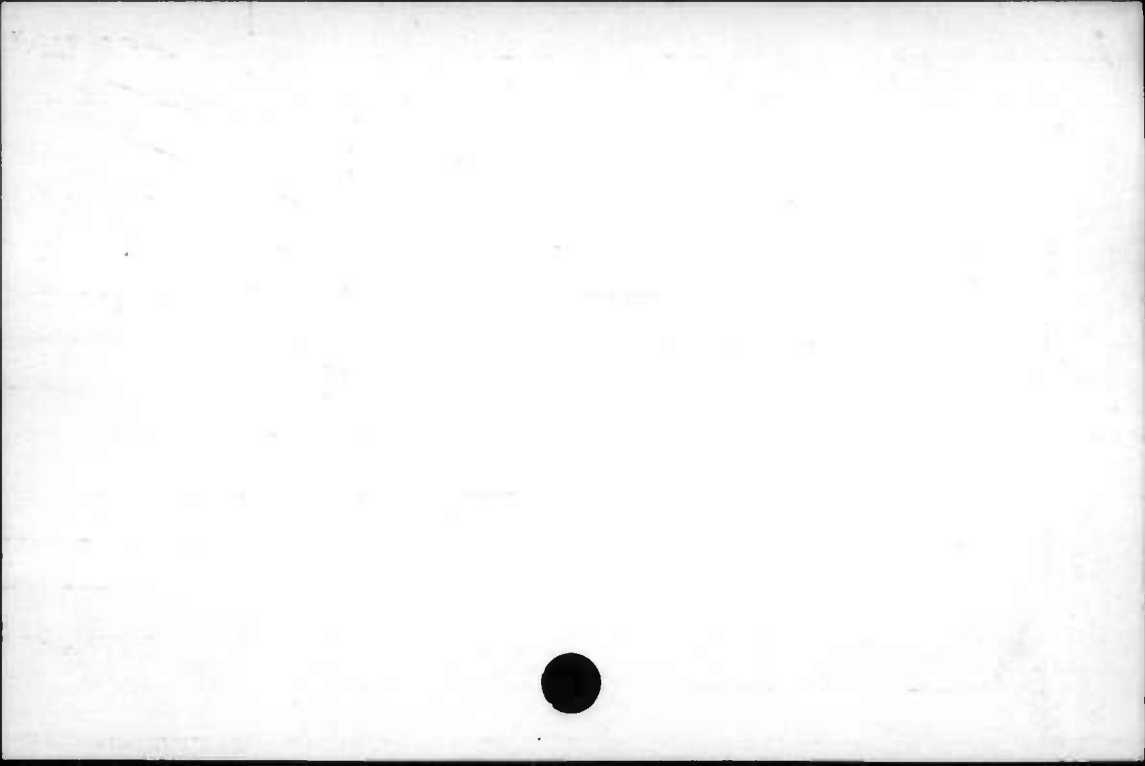
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>5</i>	Day <i>26</i>	Age <i>8</i>	Months <i>8</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John A. Butler</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Annie M. Mitchell</i>			Mother's Birthplace		
Name of person giving information <i>John A. Butler</i>			How related to deceased <i>Father</i>		

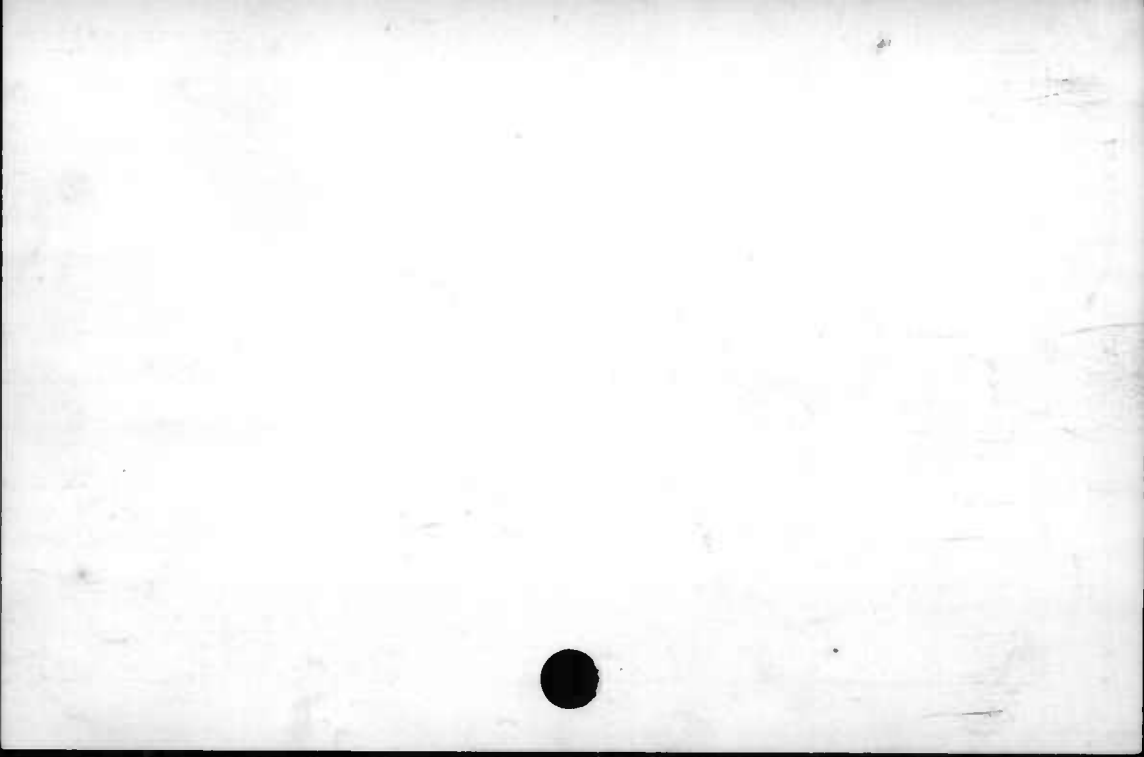
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. E. Stone</i>
	Address <i>Emmitsburg, Md.</i>
Accident or Suicide?	



Name in Full		Mable Chambers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Frederick		County		MARYLAND
	Date of death		1906		Age		
	Month		5		Days		25
	Sex		Female		Color or Race		Black
	Occupation		H. W.		Where Residing if not at place of death		X
	Married, Single or Widowed		Single		Name of Wife or Husband		Francis Chambers
	Father's Name		X		Father's Birthplace		X
	Mother's Maiden Name		X		Mother's Birthplace		X
Name of person giving information		Kato Frozier		How related to deceased		Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		H. J. Frozier		How long		19
	Immediate		Anchored of Auburn		How long		One hour
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. A. Long
					Address		City
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

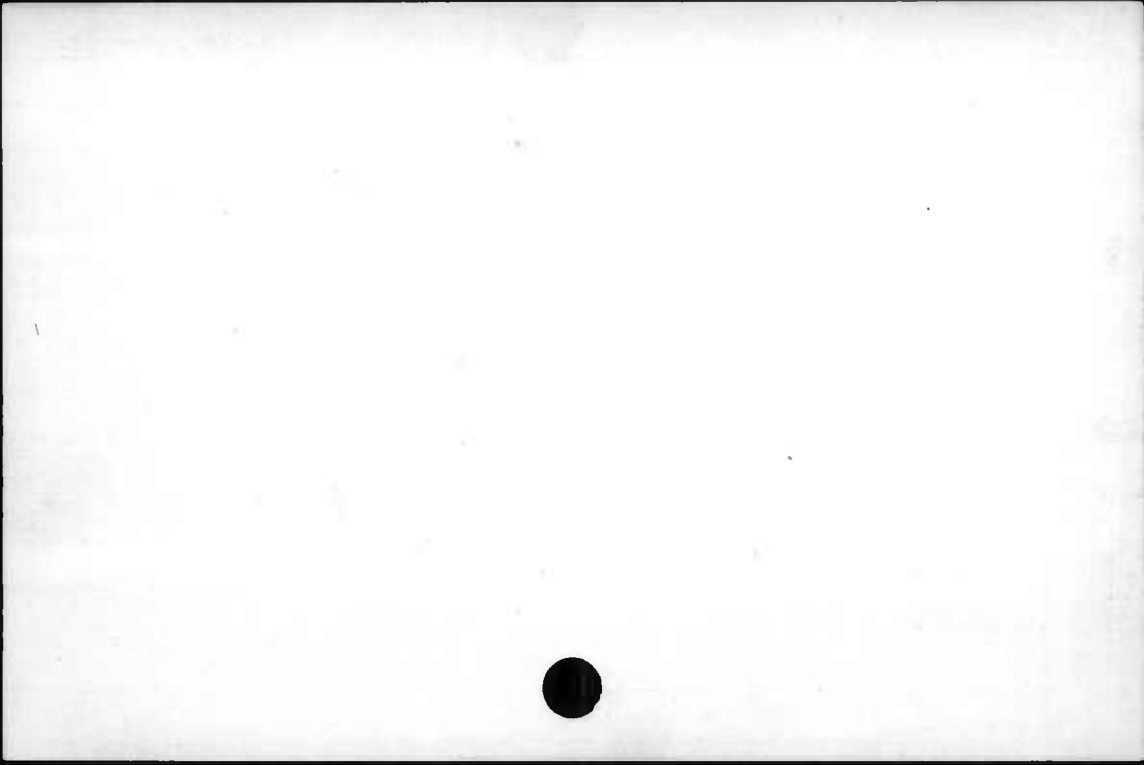
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick County</i>		Town <i>booth</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>22</i>	Years <i>still born</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Near Frederick</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Victor L. Leason</i>		Father's Birthplace <i>Frederick Co., Md.</i>			
Mother's Maiden Name <i>Belle Dixon</i>		Mother's Birthplace <i>Frederick Co., Md.</i>			
Name of person giving information <i>Father</i>		How related to deceased			

## CAUSES OF DEATH

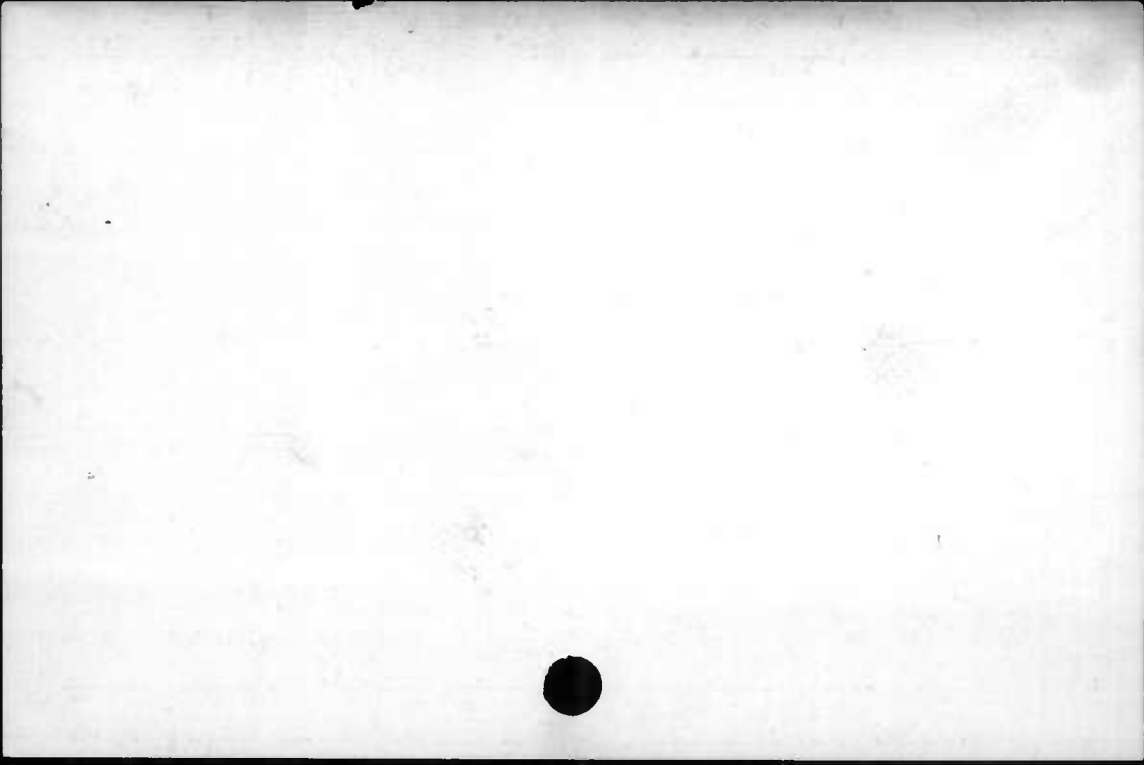
PHYSICIAN  
OR CORONER

Primary <i>Protracted labor</i>	How long <i>5</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Hendrix M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	





Name in Full		Still Born Infant Favorite				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Thurmont - Md</i>		Town <i>Frederick</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>May</i>	Day <i>17</i>	Age <i>—</i>	Years	Months <i>—</i>	Days <i>—</i>
	Sex		Color or Race <i>white</i>		Birth-place <i>Md</i>		
	Occupation <i>none</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband				
	Father's Name <i>E. Favorite</i>				Father's Birthplace <i>Md</i>		
	Mother's Maiden Name <i>Rose B</i>				Mother's Birthplace		
Name of person giving information <i>Morris A. Birchy</i>					How related to deceased <i>Physician</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Protracted Labor</i>				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Morris A. Birchy</i>		
					Address <i>Thurmont - Md.</i>		
Accident or Suicide?							



Name  
in  
Full

Hattie F. Fry

5-6-1906

## CERTIFICATE OF DEATH

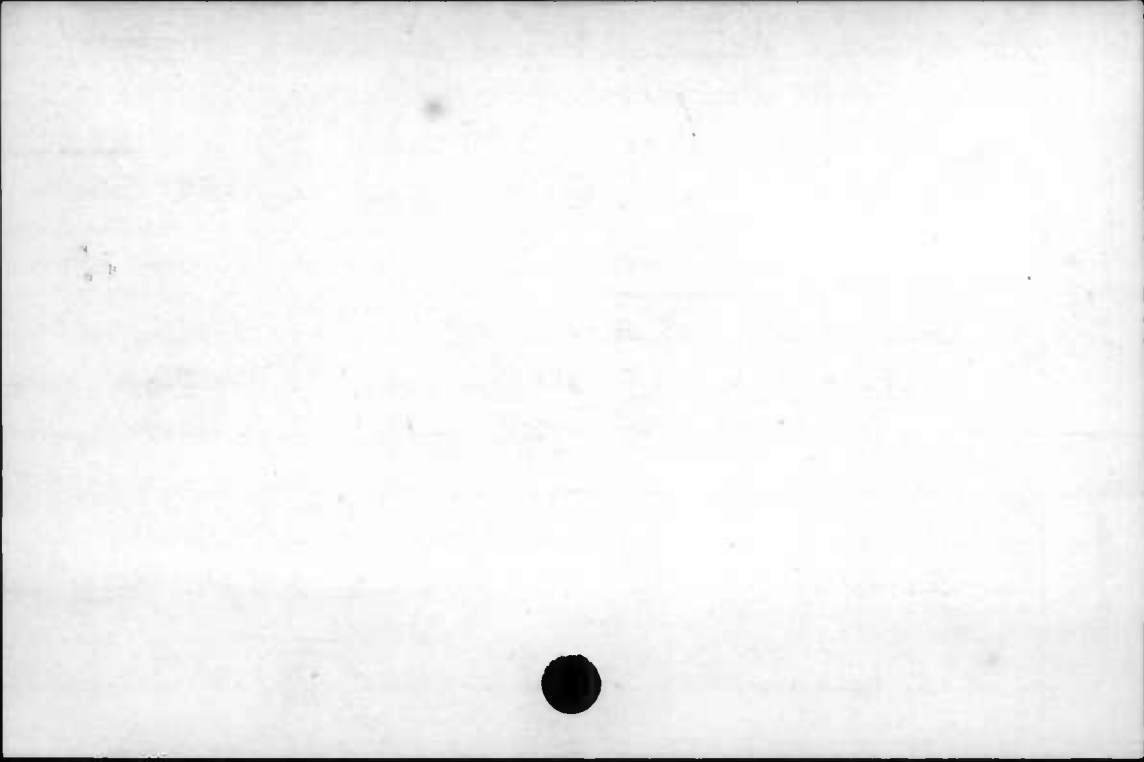
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montgomery Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1906	Month	May	Day	14	Age	38
Sex	Female	Color or Race	White	Birth-place	Jefferson	Months	9
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Isaac H. Fry					Father's Birthplace	Lovettville Va
Mother's Maiden Name	Mary E. Shuff					Mother's Birthplace	Jefferson Md
Name of person giving information	Miss H. M. Shoon					How related to deceased	No.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>(153)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. S. Lyson</i>
		Address	<i>Frederick Md.</i>
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

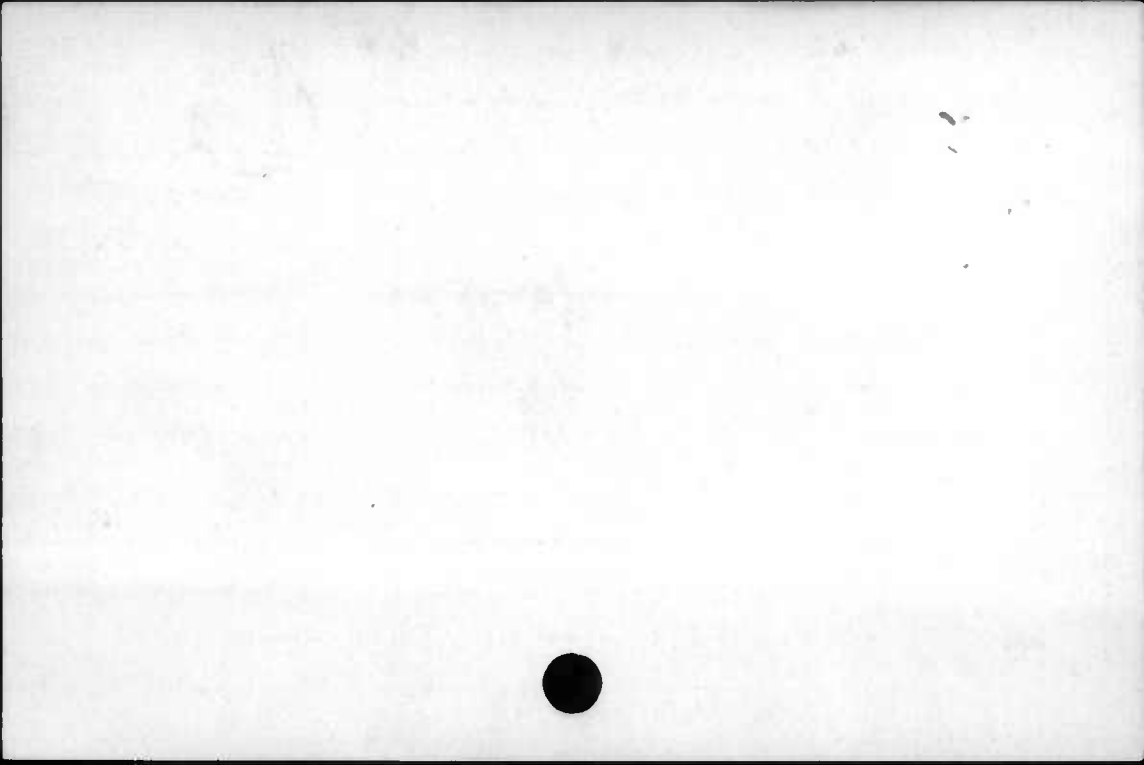
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Breagerstown Fredk</i>		Town <i>Fredk</i>		County <i>Fredk</i>		MAYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>29</i>	Age <i>9 hours</i>		Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Breagerstown</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Jacob R. Gearing</i>			Father's Birthplace <i>Bedford Pa</i>				
Mother's Maiden Name <i>Bertha Legore</i>			Mother's Birthplace <i>Harrisburg Pa</i>				
Name of person giving information <i>Jacob R Gearing</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>(151)</i>	How long
Immediate <i>congenital atelectasis</i>		How long <i>9 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Young</i>	Address <i>Breagerstown Fredk Co</i>
<i>yes</i>		
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

Joseph Glaze

Town

County

MARYLAND

Died at East Church St - Frederick Co

Date

Month

Day

Years

Months

Days

of death 1906

May

10

Age 82

8

7

Sex

Male

Color or  
Race

White

Birth-  
place

County

Occupation

retired Farmer

Where Residing if not  
at place of death

East Church St

~~Married Single~~  
WidowedName of Wife or  
Husband

Margaret L. L. L.

Father's  
Name

David Glaze

Father's  
Birthplace

Co

Mother's  
Maiden Name

Elizabeth Furry

Mother's  
Birthplace

Co

Name of person giving  
information

son M. W. Glaze

How related  
to deceased

son

## CAUSES OF DEATH

Primary

General Debility

How long

Two months

Immediate

Heart Failure

How long

6 days

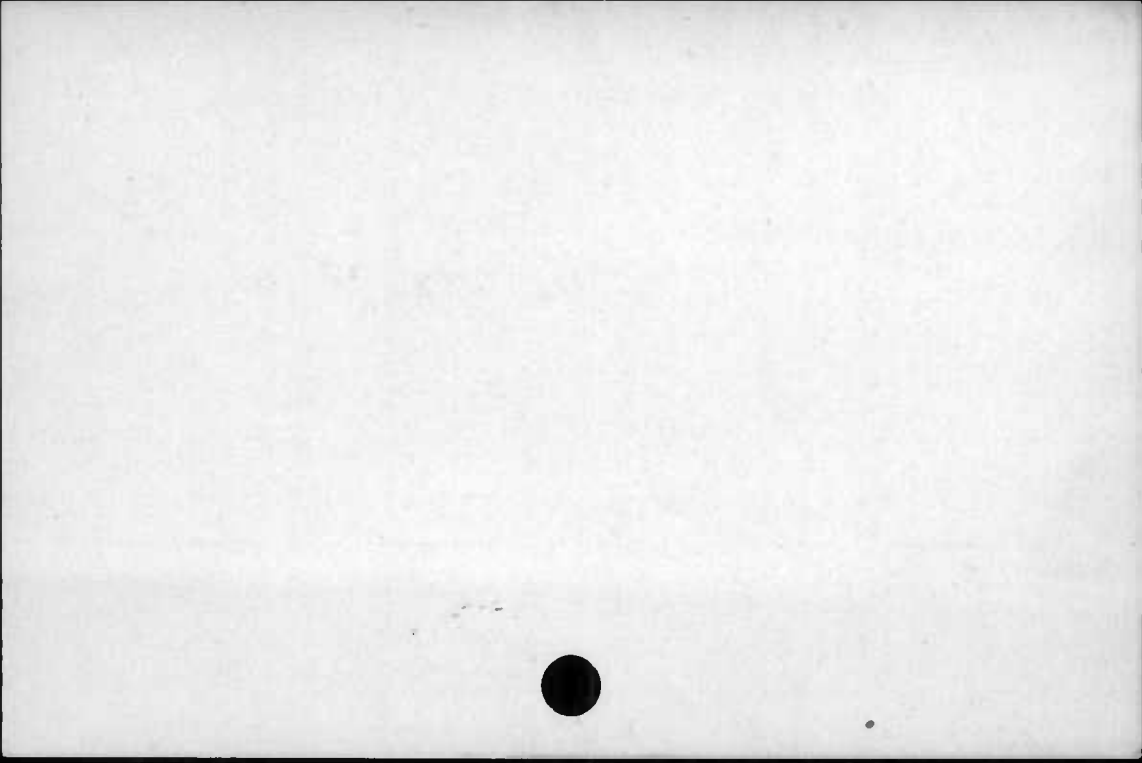
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. B. Johnson  
Frederick City  
Maryland.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name

in  
Full

## CERTIFICATE OF DEATH

Peter D. Luganbeel

Town

Frederick

County

Frederick

MARYLAND

Died at

Date

of death 1906

Month

May

Day

29

Age

Years

65

Months

4

Days

18

Sex

male

Color or  
Race

white

Birth  
place

Frederick Co. Md.

Occupation

Coach Painter

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Moses Luganbeel

Father's  
Birthplace

Frederick Co. Md.

Mother's  
Maiden Name

Charlotte Kramer

Mother's  
BirthplaceName of person giving  
Information

Dr. H. L. Carby

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

Chronic Progressive Softening of the Brain

How long

Years

Immediate

Kraepelinia

How long

Two weeks

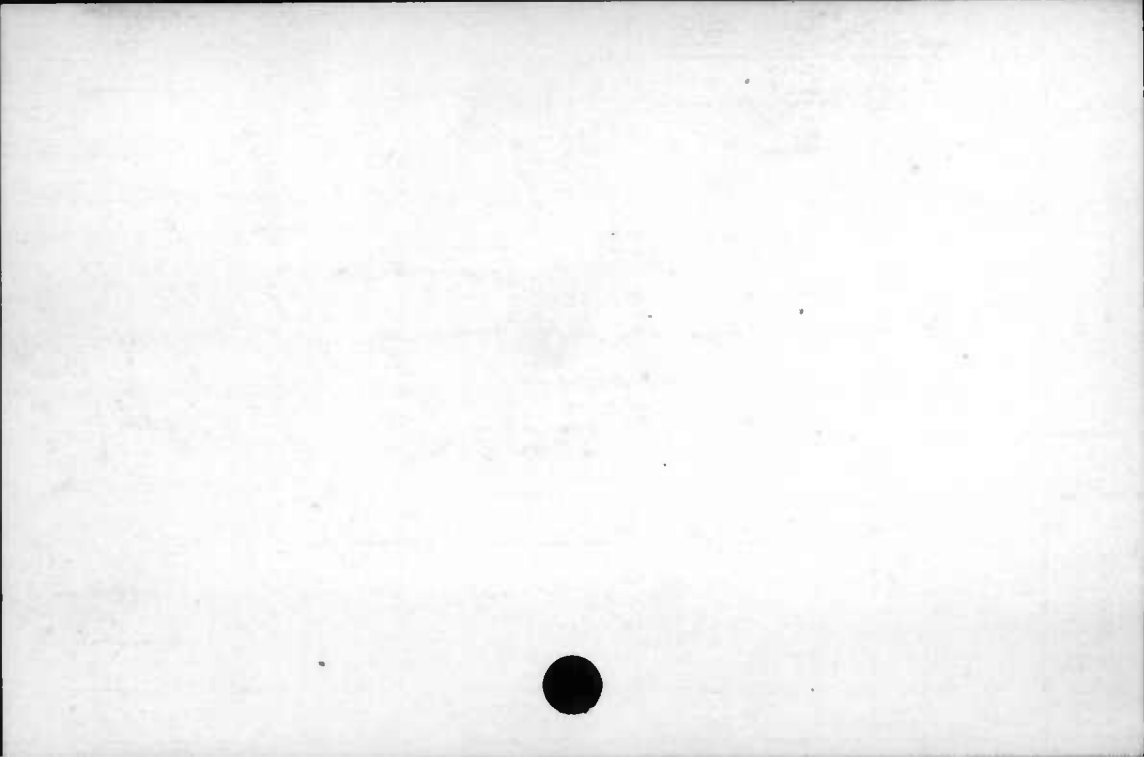
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. H. Hendrix, M.D.  
Frederick, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Chas L. Hawkins

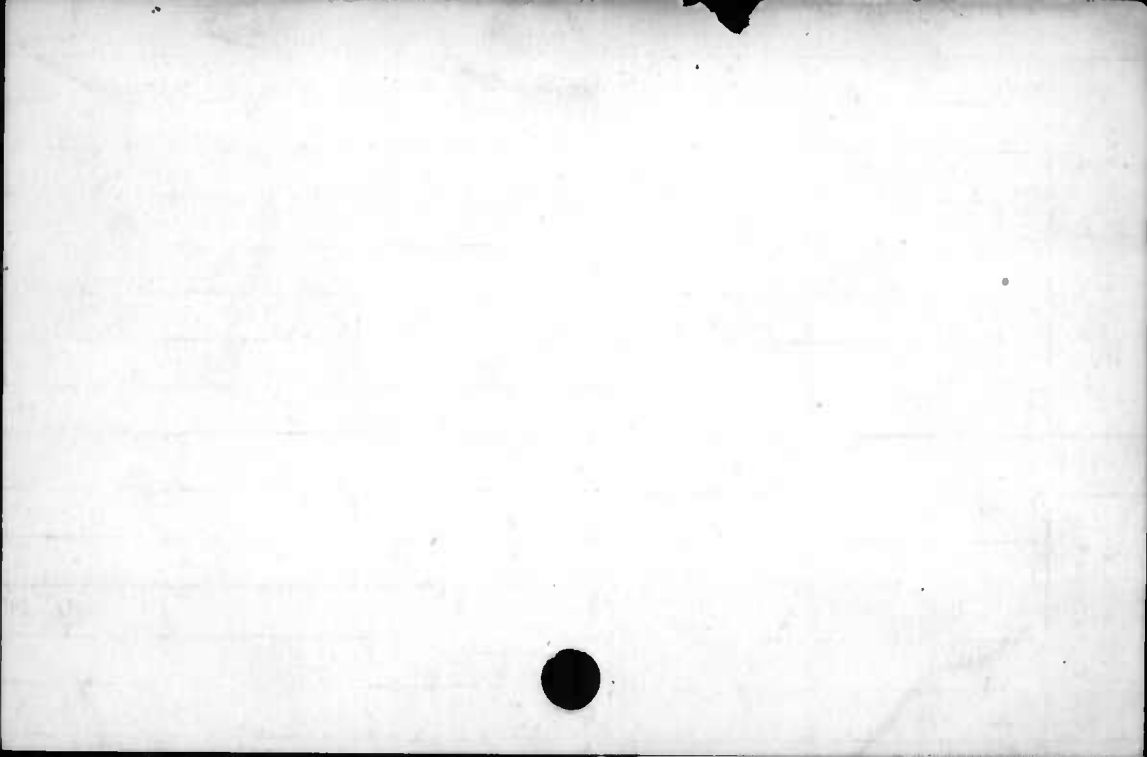
## CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		May	28	7	7	4	10
Sex		Color or Race		Birth-place			
male		white		Md			
Occupation				Where Residing if not at place of death			
School							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
A. W. Hawkins				Md			
Mother's Maiden Name				Mother's Birthplace			
Emma Harris				Md			
Name of person giving Information				How related to deceased			
Emma Hawkins				mother			

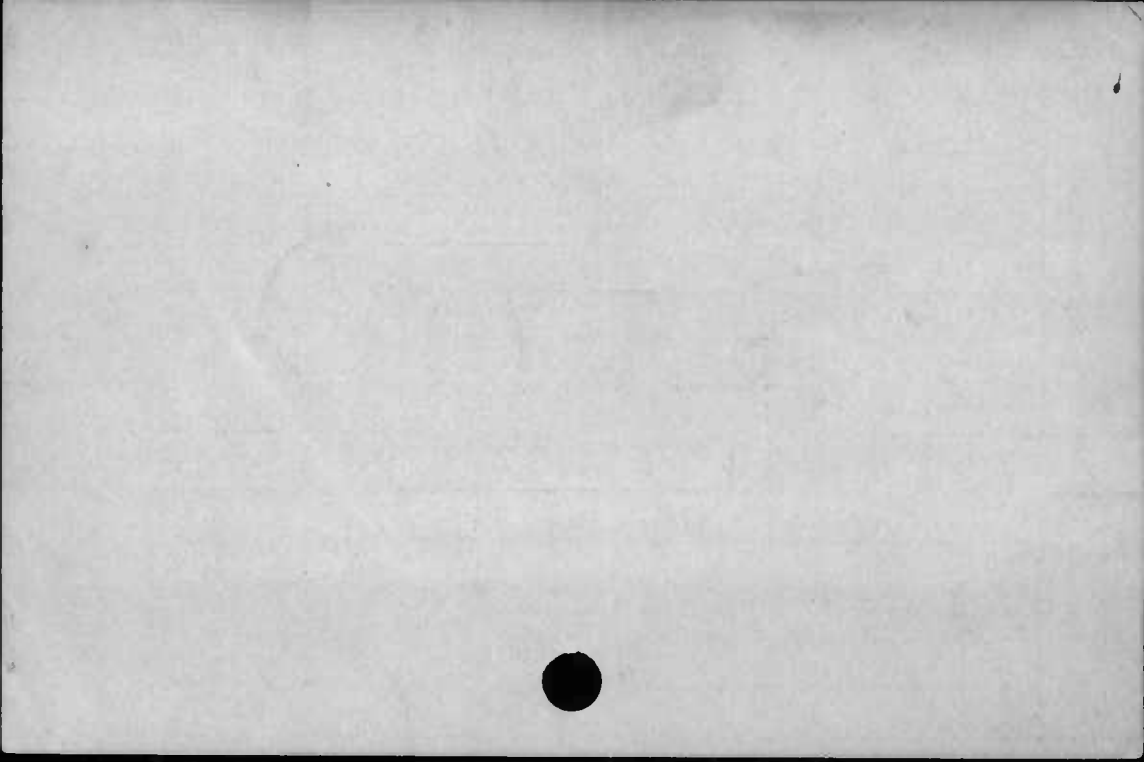
## CAUSES OF DEATH

Primary	pneumonia	How long	2 d
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Levi West	
		Address	
		Frederick - Co	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>Bailey S Hedges</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Brunswick</b> Town <b>Fredrick</b> County		MARYLAND
	Date of death <b>1906 May 26</b>	Age <b>68</b>	Months <b>none</b> Days <b>none</b>
	Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>West Va</b>
	Occupation <b>conductor</b>	Where Residing If not at place of death	
	Married, Single or Widowed <b>Widowed</b>	Name of Wife or Husband	
	Father's Name <b>B S Hedges</b>	Father's Birthplace <b>Virginia</b>	
	Mother's Maiden Name	Mother's Birthplace <b>Virginia</b>	
Name of person giving information <b>Mrs A Miller</b>	How related to deceased <b>Daughter</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Heart Failure</b>	How long	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Dr Hedges &amp; West</b>	
		Address <b>Brunswick Md</b>	
	Accident or Suicide?		



Name  
in  
Full

Virgin Henry

## CERTIFICATE OF DEATH

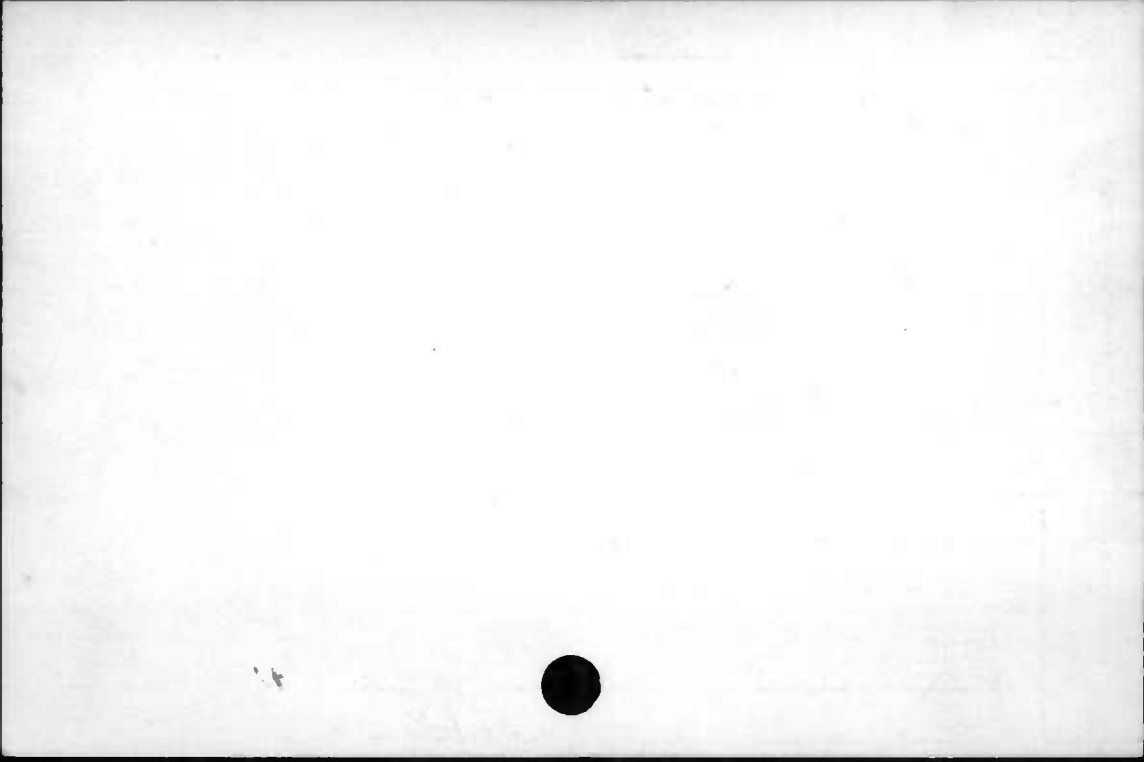
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Kempton</i>		Town <i>Kempton</i>		County <i>Fresno</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>May</i>	Day	<i>18</i>	Age	<i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Kempton</i>		Months	<i>—</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years		Days	<i>3</i>
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>John H. Henry</i>		Father's Birthplace <i>Kempton</i>	
Mother's Maiden Name <i>Gertrude Purdon</i>		Name of person giving information <i>R.C. Fout M.D.</i>		Mother's Birthplace <i>near Kempton</i>		How related to deceased <i>none</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>48 hrs</i>
Immediate	<i>Convulsions</i>	How long	<i>48 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R.C. Fout M.D.</i>
Accident or Suicide?	<i>—</i>	Address	<i>Kempton Ind</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burkittsville</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>May</i>	Day	<i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Age	<i>1</i> <sup>Years</sup> <i>30</i> <sup>Months</sup> <i>30</i> <sup>Days</sup>
Occupation <i>Child</i>		Where Residing if not at place of death		Birth-place <i>Burkittsville</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John W. Hause</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ally F. Rohrbach</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John W. Hause</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>From Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>From Birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>George Youlter</i>	
		Address <i>Burkittsville</i> <i>Maryland</i>	
Accident or Suicide?			



Name  
in  
Full

Albert Jenkins

## CERTIFICATE OF DEATH

Died at *Monte Hospital* Town*Frederick* County

MARYLAND

Date of death *1904* Month *May* Day *6*

Age Years Months Days

Sex *Male*

Color or Race

*white*

Birth-place

*Chloris County*

Occupation

Where Residing If not at place of death

*(Linscott)*

Married, Single or Widowed

Name of Wife or Husband

*X*

Father's Name

*X*

Father's Birthplace

*X*

Mother's Maiden Name

*X*

Mother's Birthplace

*X*

Name of person giving information

How related to deceased

*X*

## CAUSES OF DEATH

Primary

*Tuberculosis - Pulmonary*  
*Exhaustion*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

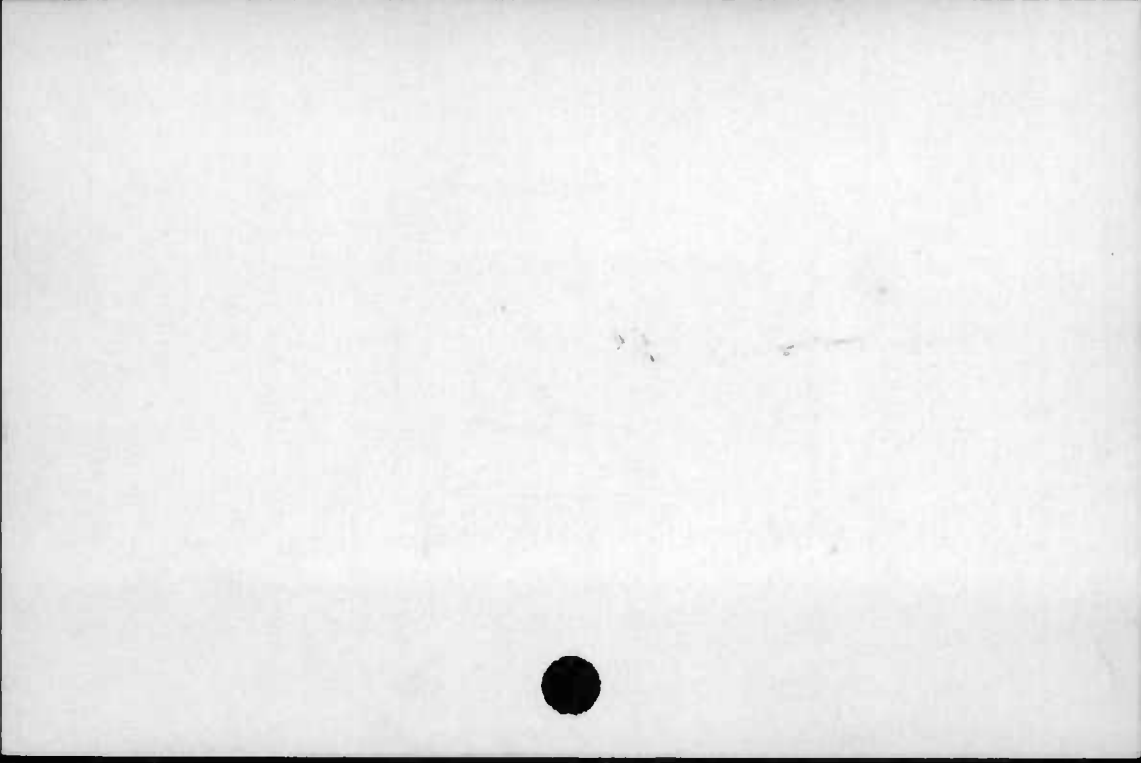
*H. J. Lyman*

Address

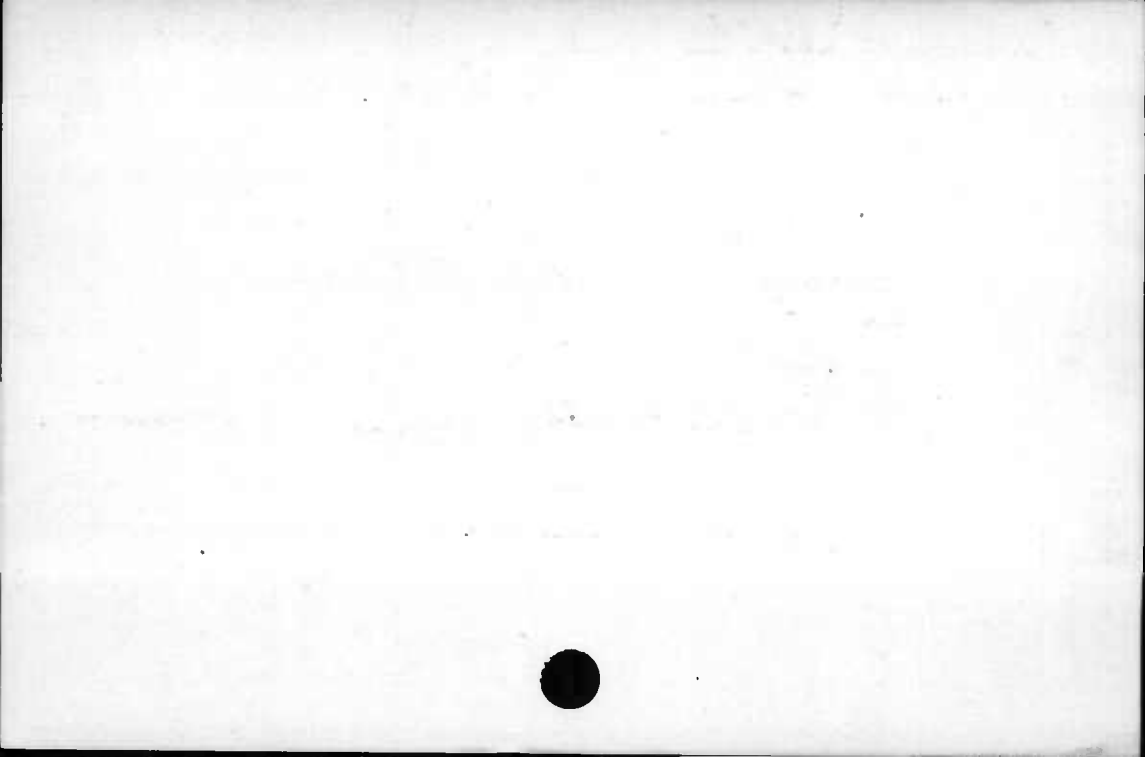
*Frederick**Ind*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Hannah Johnson				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND						
	Buckleytown		Pa		Pa								
	Date of death	1906	Month	May	Day	27	Age	Years	51	Months		Days	
	Sex	Female		Color or Race	Colored		Birth-place	Md					
	Occupation	House wife				Where Residing if not at place of death				—			
	Married, Single or Widowed	Married		Name of Wife or Husband	Wm H. Johnson								
	Father's Name	Henry Gross				Father's Birthplace	Md						
Mother's Maiden Name	—				Mother's Birthplace	Md							
Name of person giving information	Wm H. Johnson				How related to deceased	Husband							
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>													
PHYSICIAN OR CORONER	Primary	Fatty Degeneration of Heart						How long	Indefinite				
	Immediate							How long					
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		T. Clyde Proctor						
					Address		Buckleytown						
	Accident or Suicide?												



Name  
in  
Full

John W Kalb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bartonsville</i> <small>Town</small>		<i>Frederick</i> <small>County</small> <i>Md</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>5</i>	Day <i>14</i>	Age <i>88</i>	Months — Days —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co Md</i>		
Occupation <i>Retired Stone Mason</i>	Where Residing if not at place of death —				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Eliza Hitchcock</i>				
Father's Name —	Father's Birthplace				
Mother's Maiden Name —	Mother's Birthplace				
Name of person giving information <i>Mrs Owschuck</i>	How related to deceased <i>Daughter</i>				

(64)

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility.</i>	How long <i>1 year.</i>
Immediate <i>Apoplexy</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>T. B. Johnson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	

Carty, M. Olin



Name

in  
Full

## CERTIFICATE OF DEATH

Died at

Mary Jane Kolb.

Town

Pearle

County

Frederick

MARYLAND

Date

of death 1906

Month

5

Day

15

Age

Years

73

Months

11

Days

0

Sex

Female

Color or  
Race

White

Birth-  
place

F. Co. Md

Occupation

House Wife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Samuel Kolb

Father's  
Name

John Brownwell

Father's  
Birthplace

F. Co. Md

Mother's  
Maiden Name

Adelaide Phillips

Mother's  
Birthplace

" " "

Name of person giving  
Information

Samuel W. Kolb

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Catarrh of Stomach

How long

3 months

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Geo H. Riggs

Address

Gamewille Md

F.F.P.

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mr. Samuel  
Rice

Name  
in  
Full

Ann M. Leayer

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Near Middletown<sup>County</sup> FredkDate  
of death 1906

Month

May

Day

2nd

Years

Age 74

Months

11

Days

25-

Sex

Female

Color or  
Race

White

Birth-  
place

Near Middletown

Occupation

House wife

Where Residing if not  
at place of death

Near Middletown

~~Married, Single~~  
Widowed

widow

Name of Wife or  
Husband

Samuel Leayer

Father's  
Name

Geo. Shaler

Father's  
Birthplace

Fredk Co Md

Mother's  
Maiden Name

Elizabeth Rumsberg

Mother's  
Birthplace

Fredk Co Md

Name of person giving  
Information

Tobias Main

How related  
to deceased

Bro-in-law

## CAUSES OF DEATH

Primary

Heart disease

How long

Don't know

Immediate

Paralysis

How long

Instantly

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

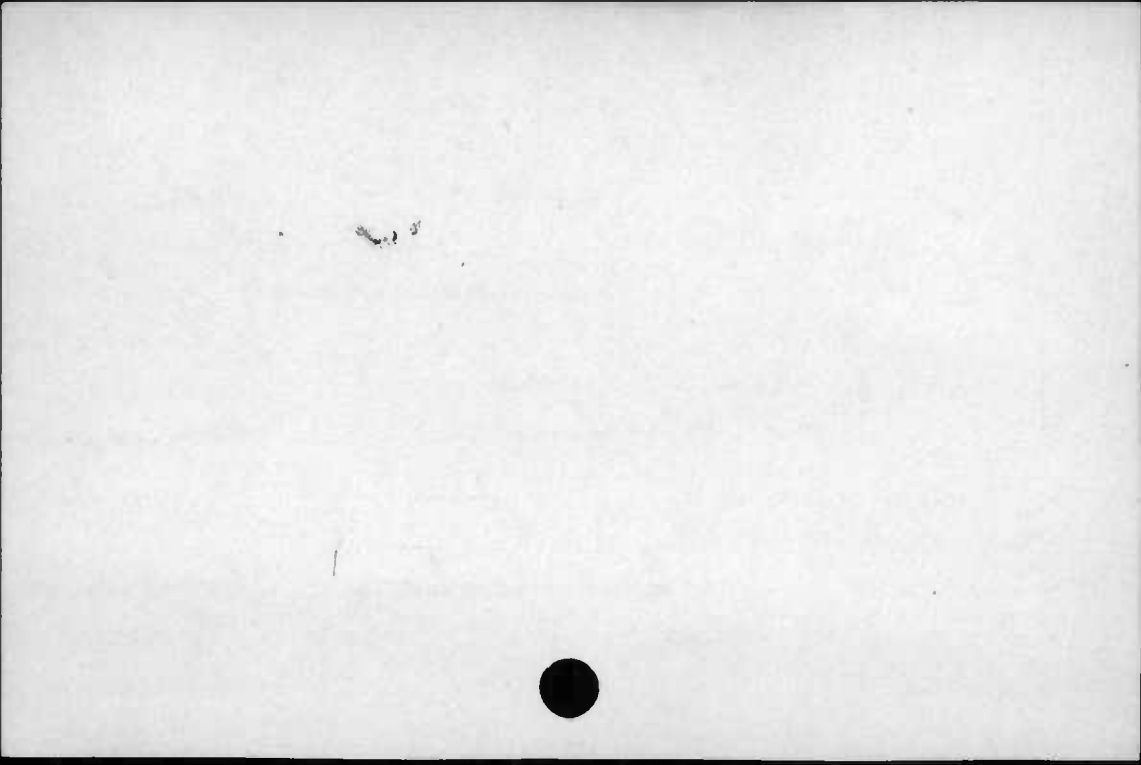
Roy V. Hauser M.D.

Address

Middletown  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *near Middletown* <sup>County</sup> *Fredk.*Date of death <sup>Month</sup> *May* <sup>Day</sup> *17<sup>th</sup>* <sup>Years</sup> *74* <sup>Months</sup> *8* <sup>Days</sup> *13*Sex *Male* Color or Race *White* Birth-place *Md.*Occupation *Retired farmer* Where Residing if not at place of death *near Middletown*Married, Single or Widowed *Widower* Name of Wife or Husband *Nancie Limon*Father's Name *Md.* Father's Birthplace *Md.*Mother's Maiden Name *Nancie Horine* Mother's Birthplace *Md.*Name of person giving information *C. H. Huffman* How related to deceased *Son in law*

## CAUSES OF DEATH

Primary *Accident (Fall)* *(166)* How long *—*Immediate *Internal hemorrhage* How long *about 24 hrs.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Roy V. Hawver*Address *Middletown*Accident or Suicide? *Accident* *Md.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Savilla Catharine Long

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Emmitsburg<sup>County</sup> Frederick

MARYLAND

Date of death 1906

Month May

Day 2nd

Age

Years 76

Months 10

Days 15

Sex

Female

Color or Race

White

Birthplace

Adams Co. Pa

Occupation

Housekeeper

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Philip H. Long

Father's Name

Abraham Warner

Father's Birthplace

Adams Co. Pa.

Mother's Maiden Name

Don't know

Mother's Birthplace

Name of person giving information

Joseph H. Long

How related to deceased

Son

## CAUSES OF DEATH

Primary

Gastritis

How long

2 Weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. M. Schelbinger

Address

Emmitsburg

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Harriet M McDonald

## CERTIFICATE OF DEATH

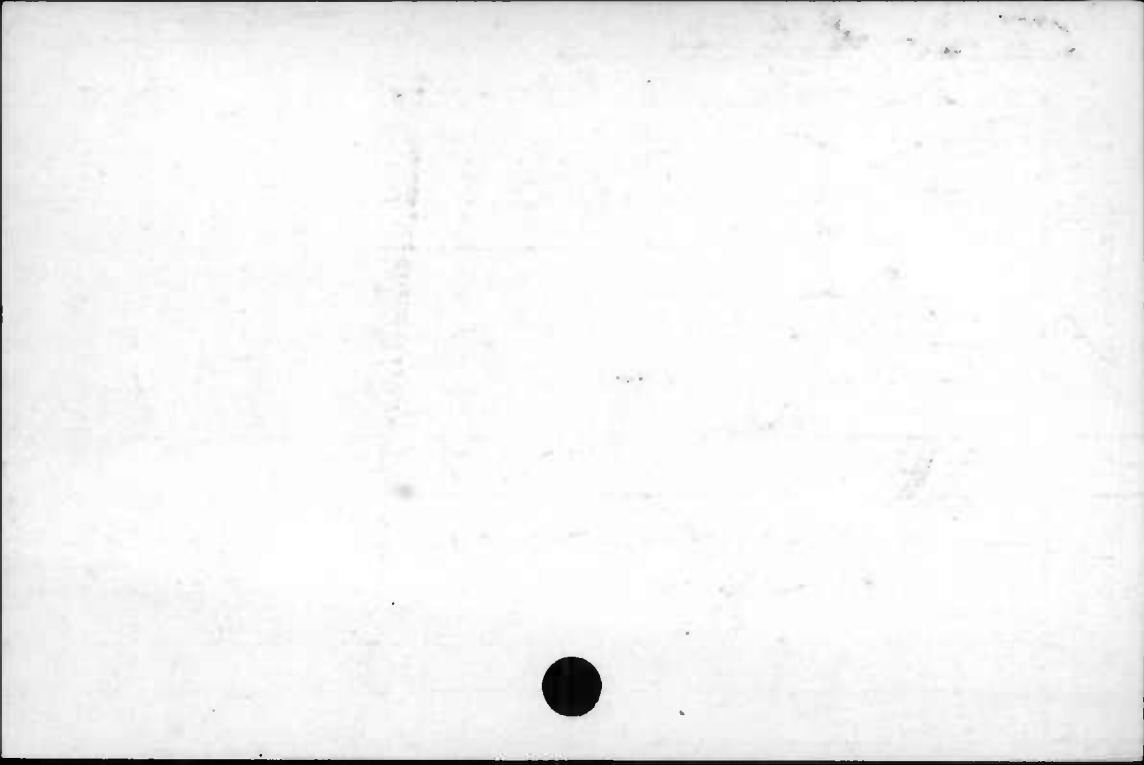
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>19</i>	Age <i>58</i> —	Months <i>3</i>	Days <i>3</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Frank P McDonald</i>			
Father's Name <i>William Randolph Fleming</i>			Father's Birthplace <i>Frederick Md</i>		
Mother's Maiden Name <i>Matilda Hauer</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Nick Fleming</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Recurrent Appendicitis - Peritonitis - During 10 years</i>	How long <i>During 10 years</i>
Immediate <i>Paresis of intestines</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. O. Hendrix, M.D.,</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full (O'Brien) Catharine		CERTIFICATE OF DEATH	
Died at <sup>Town</sup> Richls Mills		County <sup>Frederick</sup>	
Date of death 1906		Month 5	
Day 6		Age 24	
Sex Female		Color or Race White	
Occupation		Birthplace Richls Mills	
Where Residing if not at place of death		Richls Mills	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Chas O'Brien		Father's Birthplace Scotch Irish	
Mother's Maiden Name Jane Emmett		Mother's Birthplace Frederick County	
Name of person giving information Mother		How related to deceased Mother	
CAUSES OF DEATH			
Primary Confinement (Very tedious)		How long	
Immediate Athermia		How long 5 days.	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. P. Fahrney and	
		Address Frederick Md.	
Accident or Suicide?			

Fr. Schreder May 5  
M.O.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		Edden Onley				CERTIFICATE OF DEATH	
Died at		Town Burrheadstown		County Frederick		MARYLAND	
Date of death		1906	Month 5	Day 27	Age 69	Years 69	Months 25
Sex Female		Color or Race Blond		Birth- place Md			
Occupation N. N.		Where Residing if not at place of death		X			
Married, <del>Yes</del>		Name of Husband Charles Onley		X			
Father's Name		X		Father's Birthplace		X	
Mother's Maiden Name		X		Mother's Birthplace		X	
Name of person giving Information		Charles Onley		How related to deceased		Husband	
CAUSES OF DEATH							
Primary		General paresis		(61)		How long 4 Months	
Immediate		Exhaustion				How long 10 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. S. Long	
				Address		City	
Accident or Suicide?							



Name  
in  
Full

Mrs Sarah Peddicord

CERTIFICATE OF DEATH

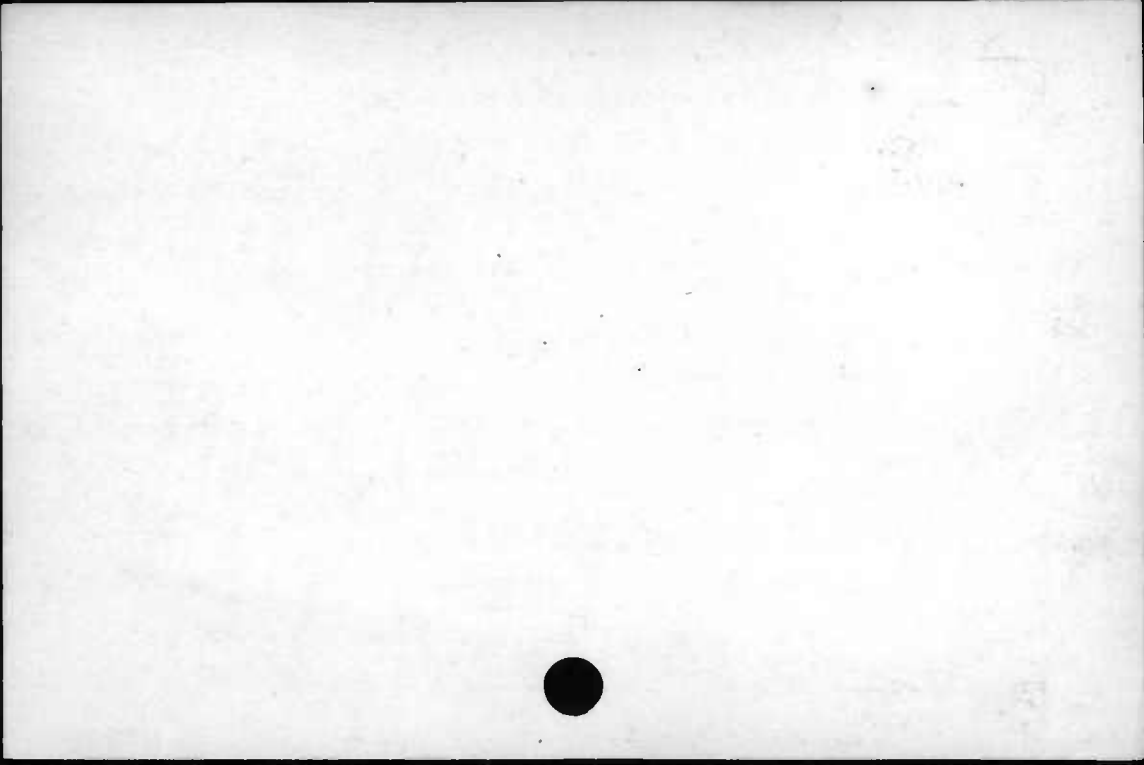
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i> <sup>Month</sup>	<i>May</i> <sup>Day</sup>	<i>15</i> <sup>Years</sup>	<i>86</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housekeeper</i>		Birth-place	<i>Ind</i>	
Where Residing if not at place of death					
<del>Married</del> <i>Widow</i>	Name of Wife or Husband		<i>Therese Peddicord</i>		
Father's Name	<i>Michael Irons</i>			Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Don't know</i>			Mother's Birthplace	
Name of person giving information	<i><del>John</del> Louise Little</i>			How related to deceased	<i>Daughter</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Natural cause</i>	How long	<i>Three</i>
Immediate	<i>of old age</i>	How long	<i>15 yrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John B. Brannen</i>
		Address	<i>Emmitsburg Ind</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Frederick City Hospital.</i>		Town <i>Frederick</i>		County <i>Frederick</i>	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>16</i>	Age <i>4</i>	Years <i>4</i>	Months <i>3</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Malkusville.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i> Jas. Powell</i>			Father's Birthplace <i>Levinstown.</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Frederick.</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Parents.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sulphuric acid poisoning</i>	How long <i>18 hrs.</i>
Immediate <i>Laryngeal stenosis.</i>	How long <i>4 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. M. Long.</i>
	Address <i>Malkusville Md.</i>
Accident or Suicide? <i>Accident.</i>	

M. O. Ben  
Schroeder

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Name  
in  
Full

Alexander Randers

## CERTIFICATE OF DEATH

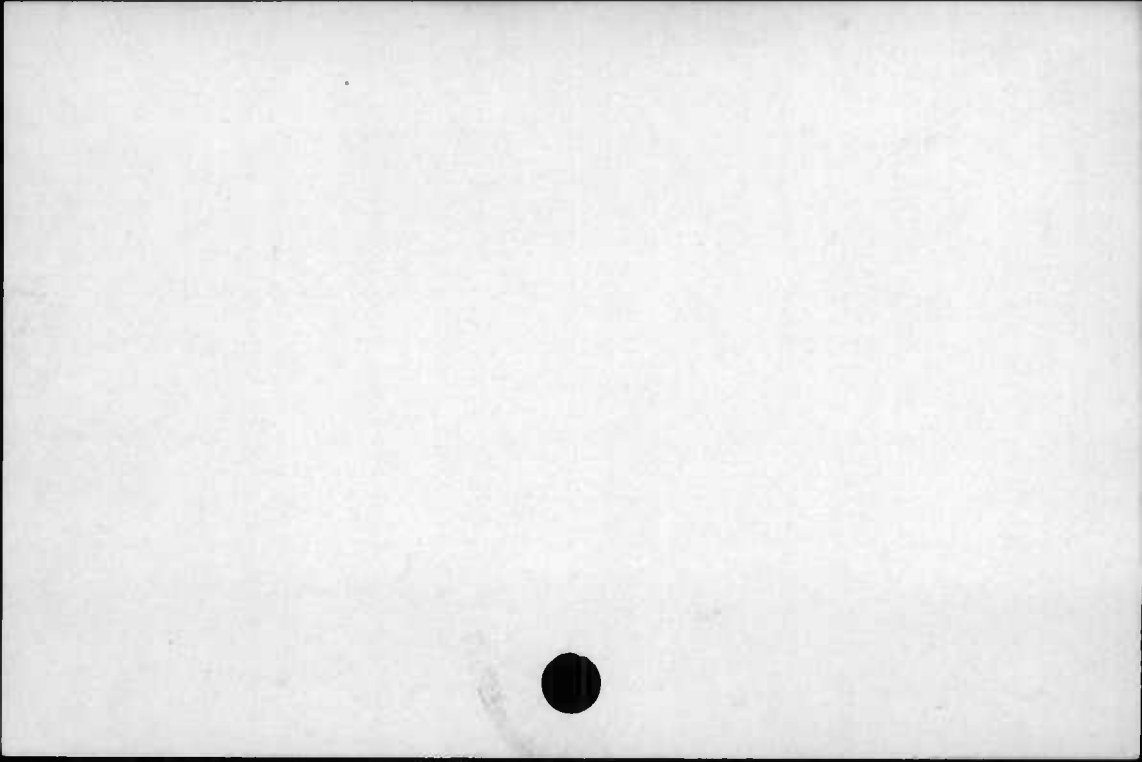
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town		County		" "		MARYLAND	
Date of death	<i>1906</i>	Month	<i>5</i>	Day	<i>13</i>	Years	<i>17</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>		Birth-place		<i>md</i>		
Occupation	<i>None</i>		Where Residing if not at place of death		<i>X</i>				
<input checked="" type="checkbox"/> Married, Single		Name of Wife or Husband		<i>X</i>					
Father's Name	<i>Wm. Randers</i>					Father's Birthplace	<i>Va</i>		
Mother's Maiden Name	<i>Hannah Nightingale</i>					Mother's Birthplace	<i>Va</i>		
Name of person giving information	<i>Wm Randers</i>					How related to deceased	<i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>8 mos</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. J. Gooden - MD</i>
		Address	<i>Frederick - md</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

Hoke, Glenn Raymond,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Hot Pleasant <sup>and</sup> <sup>County</sup> FrederickDate of death 1906 <sup>Month</sup> May <sup>Day</sup> 11 <sup>Age</sup> 18 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> Caucasian <sup>Birthplace</sup> Fred CoOccupation Farmer boy <sup>Where Residing if not at place of death</sup> (do)Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name Martin Hoke <sup>Father's Birthplace</sup> Free cornedMother's Maiden Name <sup>Mother's Birthplace</sup>Name of person giving information Father <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

Primary Gun Shot Wounds <sup>How long</sup> (do)Immediate (do) <sup>How long</sup>Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> H. P. February 1891<sup>Address</sup> Frederick Md

Accident or Suicide? Accident

Walkersville

Name  
in  
Full

Leston H Ruthvin

## CERTIFICATE OF DEATH

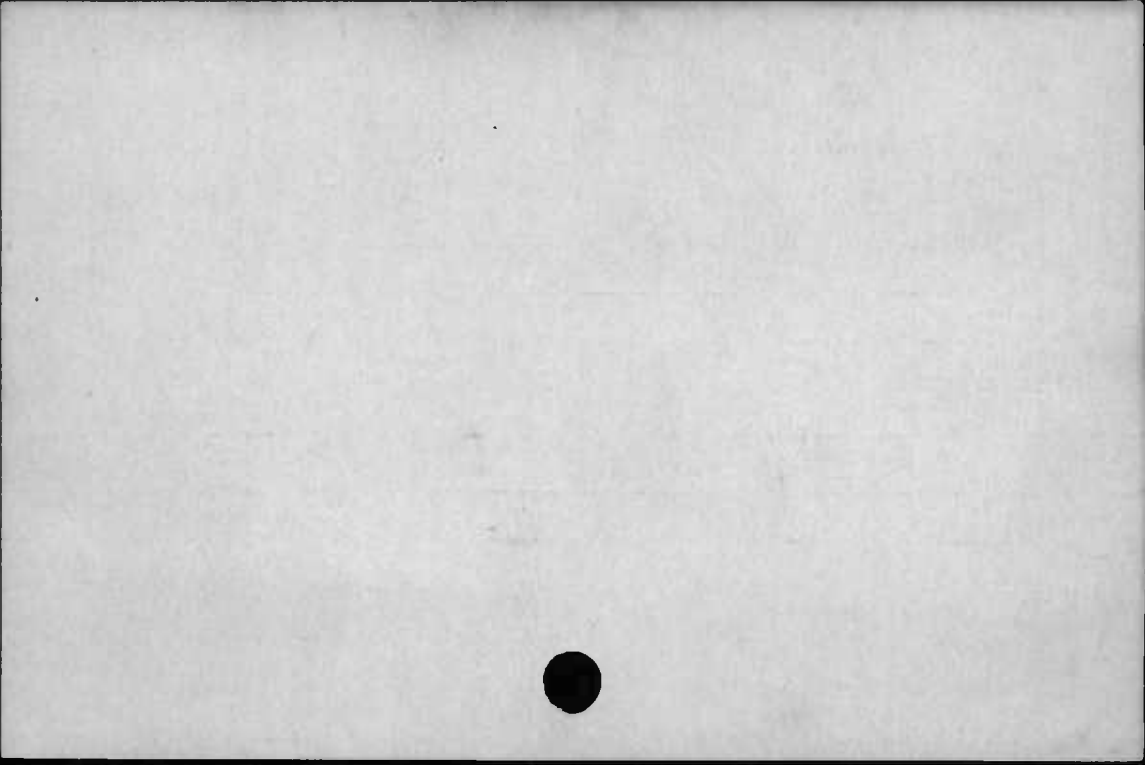
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brunswick</u>		Town <u>Fredrick</u>		County		MARYLAND	
Date of death	1906	Month	May	Day	12	Age	2
Sex	Male	Color or Race	White	Birthplace	Virginia		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	George W. Ruthvin			Father's Birthplace	Va		
Mother's Maiden Name	Sallie M. Mock			Mother's Birthplace	Va		
Name of person giving information	George W. Ruthvin			How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis of lungs</u>	How long	<u>2 years</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr H S Hedges</u>
		Address	<u>Brunswick</u> <u>N.C.</u>
Accident or Suicide?			





Name  
in  
Full

Jehiah R. Schroyer

## CERTIFICATE OF DEATH

Died at *Home* Town *in* County *Frederick* -

MARYLAND

Date of death *1906* Month *May* Day *27* Age *67* Years Months *7* Days *25*Sex *Woman* Color or Race *White* Birth-place *Maryland Annapolis*Occupation *House Wipe* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of late or Husband *Lewis W. Schroyer*Father's Name *Benjamin Pryor* Father's Birthplace *Maryland*Mother's Maiden Name *Catherine Lewis* Mother's Birthplace *Towson*Name of person giving information *Lewis C. Schroyer* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Val. Disease of Heart* How long *2 years*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?

*W. C. Wheeler*  
*Barnsboro*  
*Washington Co*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Deeger

Town

County

MARYLAND

Died at *Frederick*

Date

of death *1906*

Month

*5*

Day

*3*

Age

Years

Months

Days

Sex

*Female*Color or  
Race*Wh*Birth-  
place*Md*

Occupation

*X*Where Residing if not  
at place of death*X*Married, Single  
or Widowed*X*Name of Wife or  
Husband*X S*Father's  
Name*Philip Deeger*Father's  
Birthplace*Md*Mother's  
Maiden Name*May Eliz. Brust*Mother's  
Birthplace*Md*Name of person giving  
In formation*Philip Deeger*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Acute Bronch*

How long

*—*

Immediate

*Collapsed Cord*

How long

*—*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*W. J. Goodell, M.D.*

Address

*Frederick, Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

George W. Swiss.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Monteum Hospital*

Town

County

*Fredrick*

MARYLAND

Date of death

1906

Month

*May*

Day

*5-11*

Age

Years

*45*

Months

Days

Sex

*Male*Color or  
Race*white*Birth-  
place*Graceham*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband*X*Father's  
Name*Oscar Swiss*Father's  
Birthplace*Fred Co.*Mother's  
Maiden Name*X*Mother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Gen'l debility*

How long

Immediate

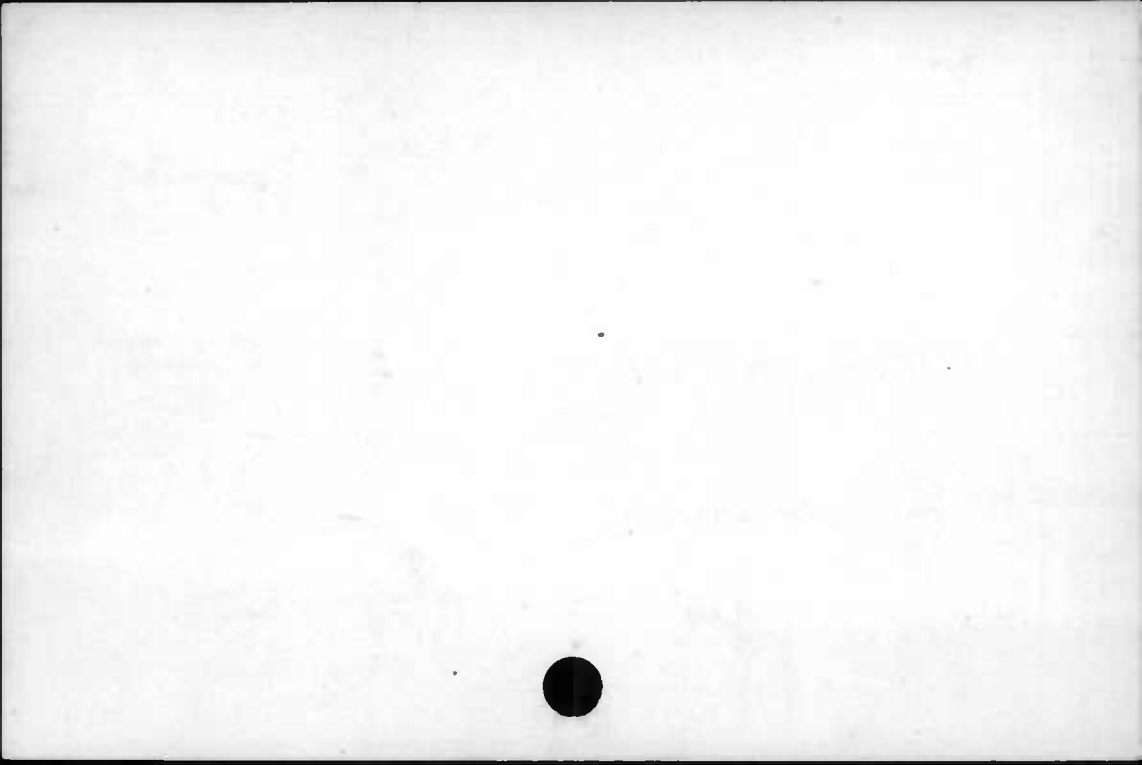
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Shindledaker

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick

MARYLAND

Date of death 1906 <sup>Month</sup> May <sup>Day</sup> 4 <sup>Age</sup> 44 <sup>Years</sup> 44 <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Emmitsburg

Occupation House-wife <sup>Where Residing If not at place of death</sup> Emmitsburg

~~Married, Single~~ Widowed <sup>Name of Wife or Husband</sup> William Shindledaker

Father's Name <sup>Father's Birthplace</sup>

Mother's Maiden Name Mary A Reeves <sup>Mother's Birthplace</sup> Emmitsburg

Name of person giving information Jacob Zopper <sup>How related to deceased</sup> none

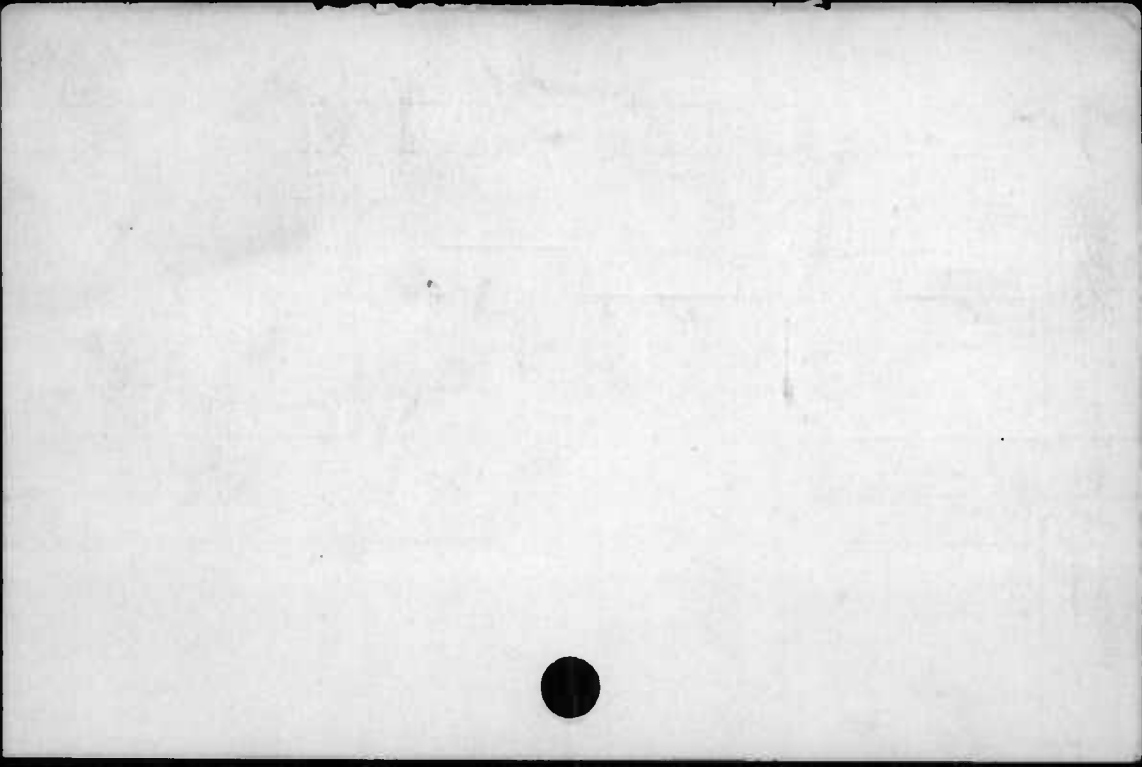
CAUSES OF DEATH

Primary Pneumonia (Central) <sup>How long</sup> one week  
Immediate Pneumonia Phthisis <sup>How long</sup> seven weeks

Are the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> B. J. Jamison  
<sup>Address</sup> Emmitsburg Md.  
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>J. Luther Smith</i>		Town <i>near Myersville</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>13</i>	Age	<i>31</i>	Months <i>6</i>	Days <i>24</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>md.</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Annie Smith nee Marker</i>			
Father's Name	<i>Josiah F. Smith</i>					Father's Birthplace	<i>md.</i>
Mother's Maiden Name	<i>Ellen S. Fox</i>					Mother's Birthplace	<i>md.</i>
Name of person giving information	<i>A. J. Smith</i>					How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>A complication of diseases</i>		How long	<i>several yrs.</i>
Immediate	<i>Acute Bright's Disease</i>		How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>A. J. Smith</i>
			Address	<i>Woolsville</i>
				<i>md.</i>
Accident or Suicide?				



Name  
in  
Full

Samuel Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

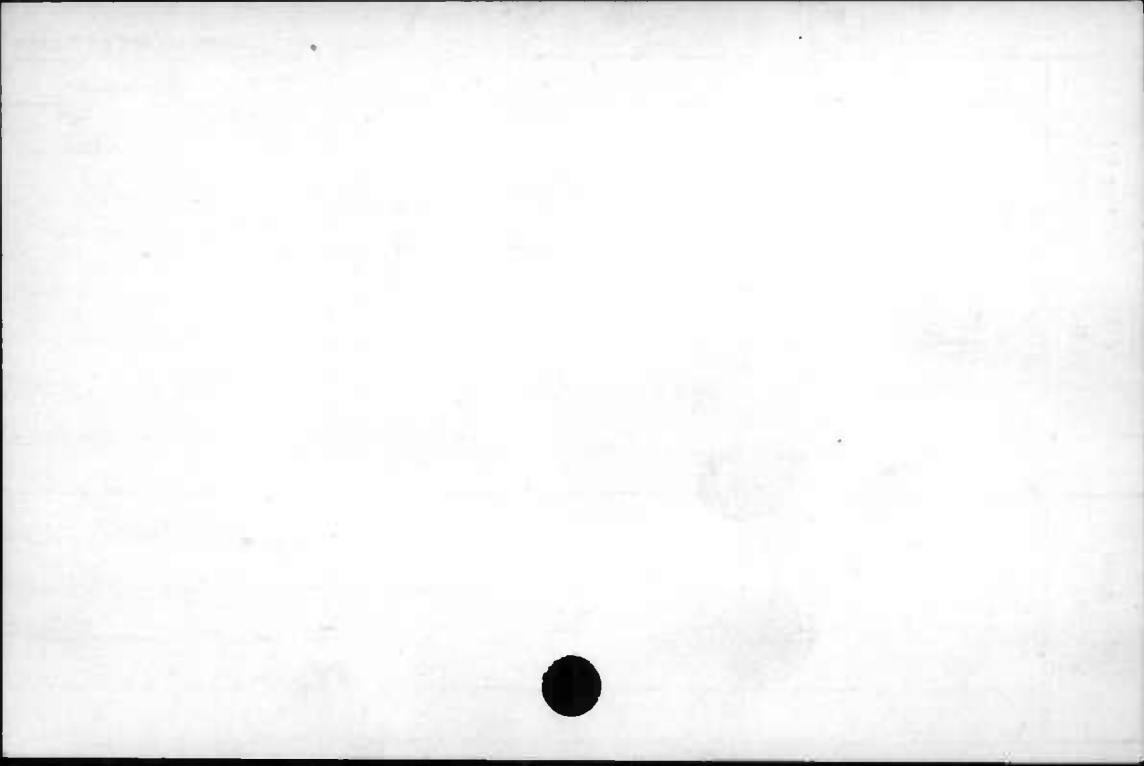
Died at <sup>Town</sup> *Garfield*<sup>County</sup> *Fredrick*Date  
of death *1906*<sup>Month</sup> *5*<sup>Day</sup> *7*<sup>Years</sup> *65*  
Age*65*<sup>Months</sup> *—*<sup>Days</sup> *20*Sex *Male*Color or  
Race *White*Birth-  
place *Foxville*Occupation *Labor*Where Residing if not  
at place of death *Garfield*Married, Single  
or ~~Widowed~~ *Married*Name of Wife or  
Husband *Samuel Smith*Father's  
Name *Henry Smith*Father's  
Birthplace *Wolfsull*Mother's  
Maiden Name *Catharine Swope*Mother's  
Birthplace *Foxville*Name of person giving  
In formation *William H. Smith*How related  
to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Cancer of Stomach*How long *One year*Immediate *Cancer of Stomach*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *Dr. M. K. Kefauver*Address *Smathersburg*

Accident or Suicide?

*MD*



Name  
in  
Full

Martin Van Buren Stattlemyer

## CERTIFICATE OF DEATH

MARYLAND

Died at near <sup>Town</sup> Garfield<sup>County</sup> Frederick

Date of death 1906 May 31

Age 66

Months

Days

Sex male

Color or Race white

Birth-place Md.

Occupation Laborer

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name John M. Stattlemyer

Father's Birthplace Md.

Mother's Maiden Name Harriet Hays

Mother's Birthplace Md.

Name of parson giving information J. W. Lewis

How related to deceased neighbor

## CAUSES OF DEATH

Primary

How long

Immediate

How long Found Dead

Are the name, age, sex, color, date and place correctly given above?

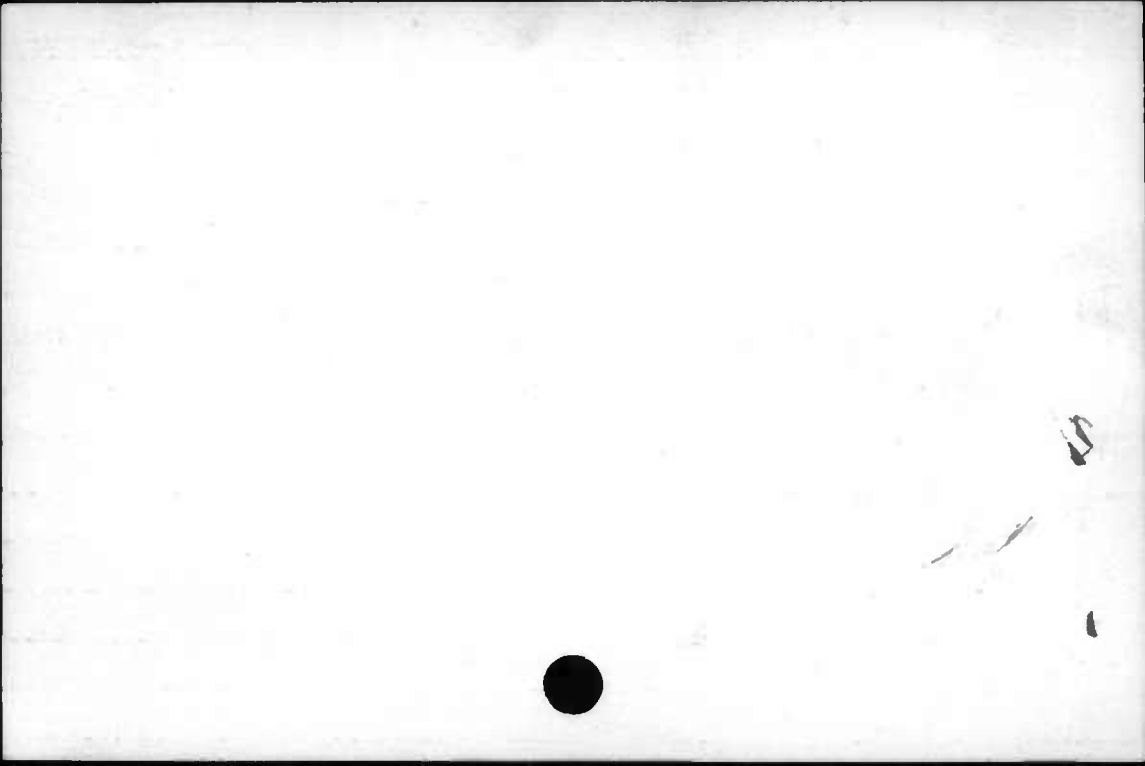
Yes

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

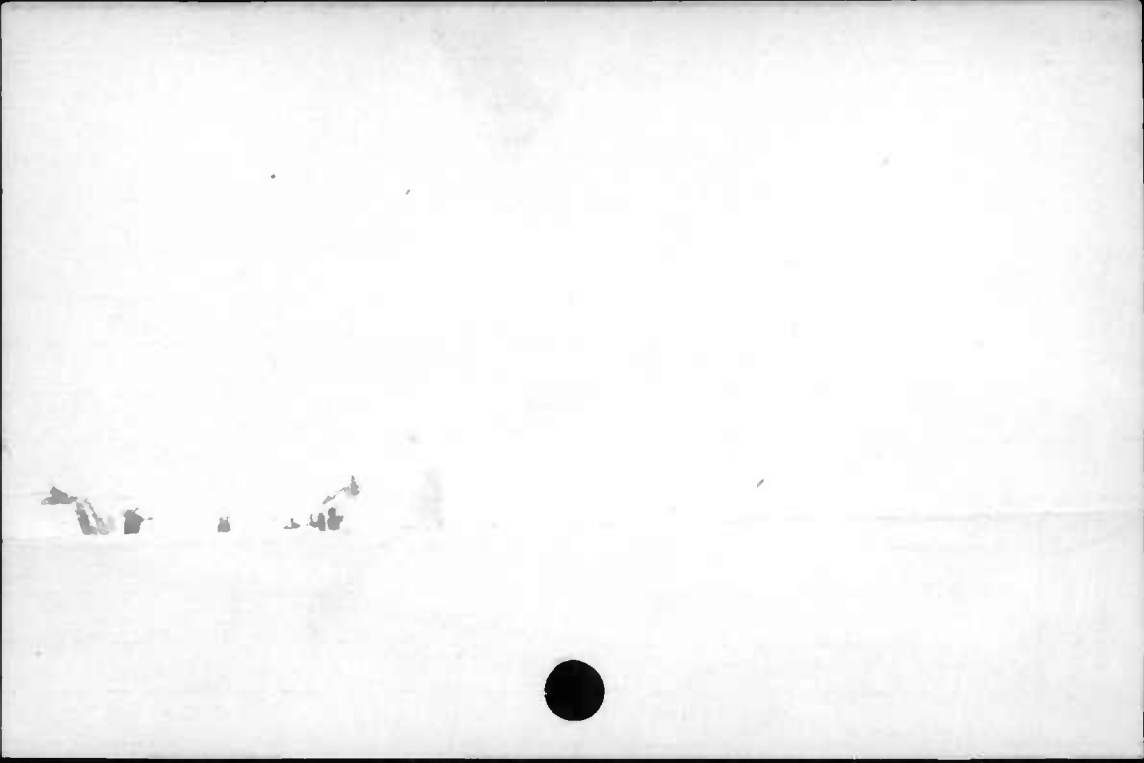
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Adams town</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>5</i>	Day <i>24</i>	Age <i>80</i>	Years	Months <i>4</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Frederick Co. Md</i>					
Married, <del>Single or Widowed</del> <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Josiah S. Thomas</i>							
Father's Name <i>Peter Thomas</i>		Father's Birthplace <i>Frederick Co. Md</i>					
Mother's Maiden Name <i>Susan Ship</i>		Mother's Birthplace <i>Jefferson Md</i>					
Name of person giving information <i>Wife of Deceased</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>2 yrs.</i>
Immediate <i>Acute Arteriosclerosis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. M. Conley</i>
	Address <i>Adams town Md</i>
Accident or Suicide?	





Name  
in  
Full

Mr. Ada A. Thompson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jamsville</i>		Town <i>Jamsville</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>7th</i>	Age <i>66</i>	Years <i>66</i>	Months <i>11</i>	Days <i>8</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Epping, England</i>				
Occupation			Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>married</i>		Name of <del>Wife or</del> Husband <i>Herbert Thompson</i>					
Father's Name <i>Andrews</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Emma Miles</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Herbert Thompson</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Six months</i>
Immediate <i>Uremic Coma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George H. Riggs MD</i>
	Address <i>Jamsville Maryland</i>
Accident or Suicide? <i>no</i>	

Cathy M. Oliver

Name  
in  
Full

Mrs Margaret Lyon.

## CERTIFICATE OF DEATH

Died at <i>Induser</i> <sup>Town</sup>		<i>Induser</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	May	Day	17
				Age	75.
				Months	9.
				Days	29.
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>Widow</i>		Where Residing if not at place of death	<i>Induser Md</i>	
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Lyon.</i>	
Father's Name	<i>Peter Maury</i>			Father's Birthplace	<i>Induser Md</i>
Mother's Maiden Name	<i>Elizabeth Maury</i>			Mother's Birthplace	
Name of person giving information	<i>H. P. &amp; S. Maury</i>			How related to deceased	<i>Nieces</i>

## CAUSES OF DEATH

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>Gradual</i>
Immediate	<i>Uræmia</i>	How long	<i>Surge 10 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. B. Johnson</i>
		Address	<i>Induser Md.</i>
Accident or Suicide?			



Name  
in  
Full

Sarah Umbarger No. 15,

## CERTIFICATE OF DEATH

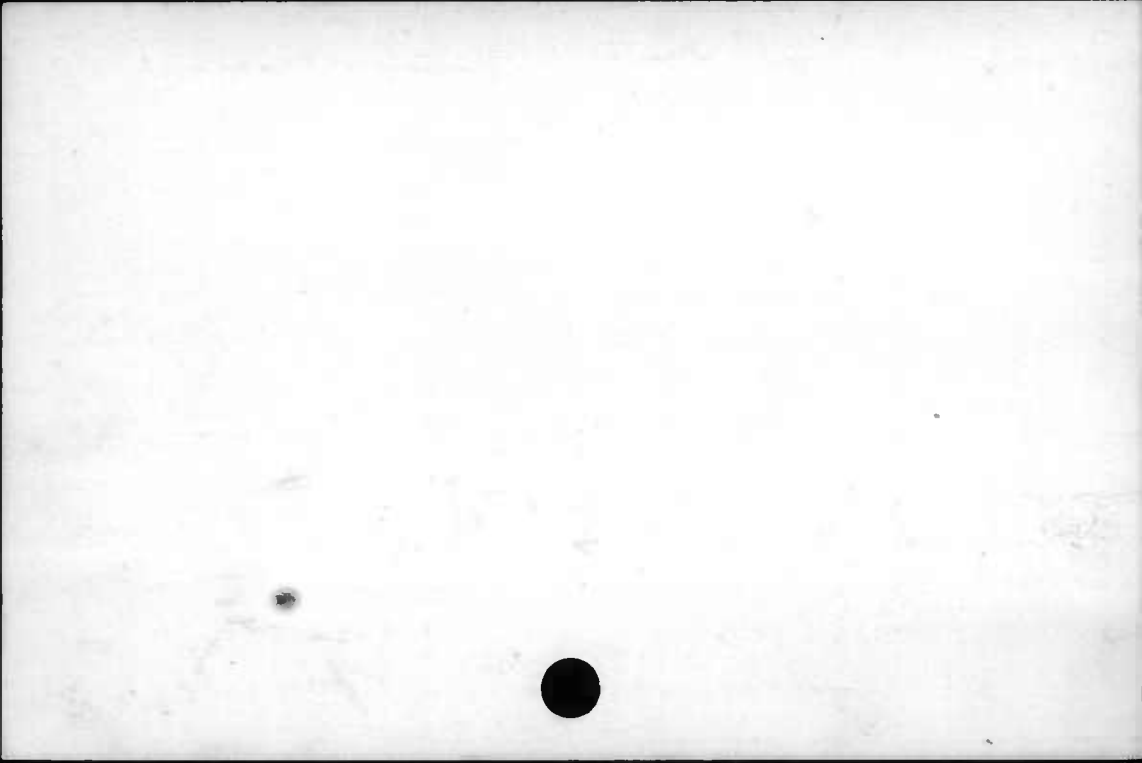
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Monrovia</i>		County <i>Frederick</i>		MARYLAND	
Date of death		1906	Month <i>May</i>	Day <i>15</i>	Age <i>57</i>	Years	Months
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Jno. S. Umbarger</i>					
Father's Name <i>Upton Shipley</i>		Father's Birthplace <i>Maryland.</i>					
Mother's Maiden Name		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mollie Baker</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Aortic Stenosis</i>	How long	<i>for years</i>
Immediate	<i>Apoplexy</i>	How long	<i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins</i>	
		Address <i>New Market,</i>	
Accident or Suicide? <i>no.</i>		<i>Fred. Co., Maryland</i>	



Name  
in  
Full

Beulah Whippy

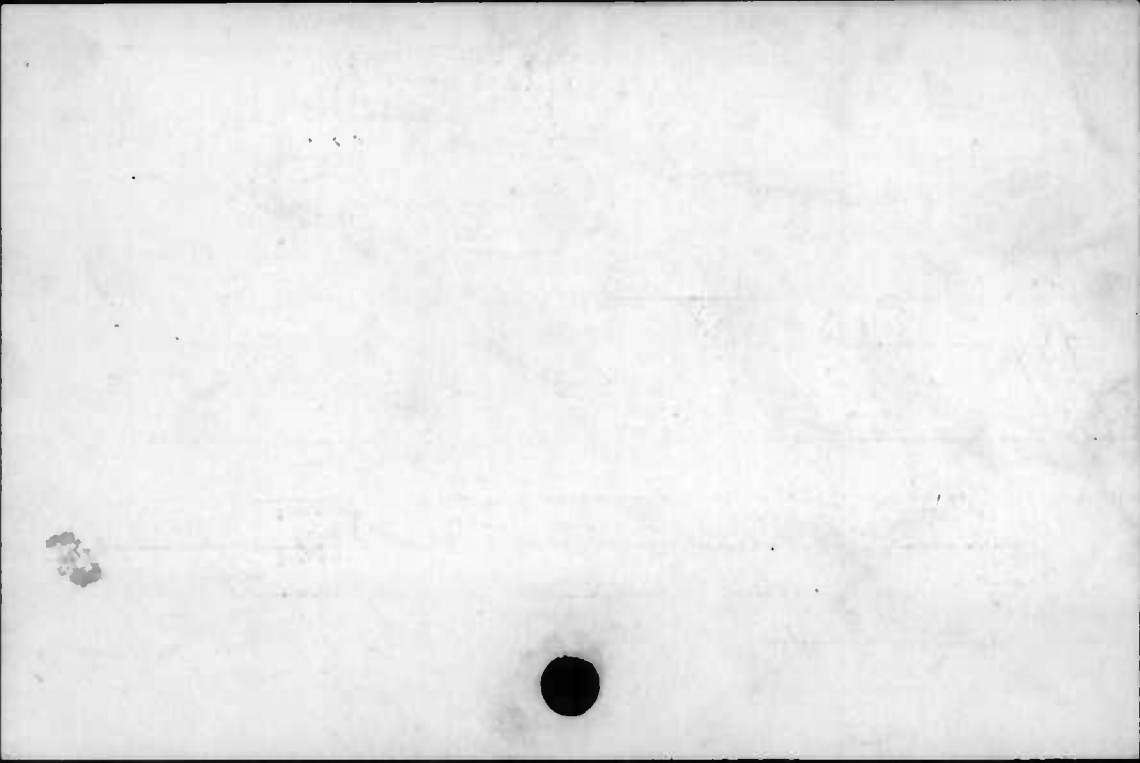
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Near <u>Shookstown</u> Town		County <u>Frederick</u>		MARYLAND	
Date of death	1906	Month	31	Day	22
Age		Years	1	Months	2
Sex	Female	Color or Race	White	Birth-place	F. Co. Md.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name	Geo. Whippy			Father's Birthplace	F. Co. Md.
Mother's Maiden Name	Lucy Harris			Mother's Birthplace	" " "
Name of person giving information	Chas. Kline			How related to deceased	Uncle

## CAUSES OF DEATH

Primary	Enterocolitis	How long	48 hrs
Immediate	Convulsions	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Frank Hedge	
		Address	
		Frederick	
Accident or Suicide?			





Name  
in Full

Sarah Francis Gungling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <u>Park Mills</u>		Town <u>Park Mills</u>		County <u>Frederick</u>		STATE OF <u>MARYLAND</u>	
Date of death 190 <u>6</u>	Month <u>May</u>	Day <u>—</u>	Age <u>50</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>				
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>					
Name of Wife or Husband <u>David Gungling</u>							
Father's Name <u>—</u>		Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>					
Name of person giving information <u>Geo Peter</u>		(179)		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Unknown - found dead.</u>	How long <u>OK</u>
Immediate <u>body badly decomposed.</u>	How long <u>OK</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. T. E. R. MILLER</u>
	Address <u>FREDERICK, MO.</u>
Accident or Suicide?	



Name  
in  
Full

Charles a young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	1906	Month	May	Day	15
Sex		Male	Color or Race	white	Birth-place
Occupation		Frederick			
Where Residing if not at place of death		at same			
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Charles J.K. Young			Father's Birthplace	Middletown
Mother's Maiden Name	Alice Linsel			Mother's Birthplace	Middletown
Name of person giving information	Chas J.K. Young			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epilepsy	How long	7 months
Immediate	Pulmonary oedema	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sabner
Address	73 E Church St Frederick		
Accident or Suicide?	—		

